Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2500 /

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gaffney

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 20 Years, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Born in the City

Place of Death, {Give street and number.} Home No 11 Pine St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 4th 78

Undertaker, Peter Burns

Place of Business, 11 Pine St

Edward Conway *M. D.*

Medical Attendant.

Address, 11 Pine St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Addison Terry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 62 E. Baltimore St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 253 W. Fayette St

Cause of Death, { First (Primary,) Tubercle Meningitis

Second (Immediate,)

Duration of Last Sickness, Seven days Confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 10th 1878

Undertaker, Wm Marcher

Place of Business, No 150 Lombard

M. D.
Medical Attendant.

Address 180 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible], and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 25003

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barney Boyle

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 44 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, { Give street and number } 2 Light Street

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 11th 1878

Wm. P. Byrne M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hurst St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25004

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 198 S. Bethel St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) one year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, May 9th 1878

Undertaker, Pat Mullen

Place of Business, Cambridge St *Address,* Comm'r of Health & Registrar

Examd by Dr J. F. McShane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL-STATISTICS.

Permit No. 25005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornelia Hicks

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Forty-Nine *Years,* *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Boston Mass

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} No 5 Courtenay Alley

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10th 1878

Undertaker, W. C. Chase

Place of Business, 148 Eutaw St

W. R. Linden M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25006

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other p... intending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, un... of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Freeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 120 Elbow Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 9th 1878 Thos A Steen M. D.

~~Attend. Assistant.~~

Undertaker, Saml H. Lowe

Place of Business, Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr. S. A. Bell [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25107,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H Tofft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 2 N Washington St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 1878

Undertaker, Henry H. Means

Place of Business, 45 N Gay St

Robert Cameron M. D.
Medical Attendant.

Address 135 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] P. Schilling Jr. Frederick

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, [redacted] *Years,* 6 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [redacted]

Occupation, [redacted]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, [redacted]

Place of Death, {Give street and number.} C. Augusta Tunnel. St. Mary's

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Abram B Arnold M.D.
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Renshaw

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* 24 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Matron E. Female High School

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 108 Asquith St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, About 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th

Undertaker, Geo Schilling

Place of Business, Oakland Square

E Hall Rutledge M. D.
Medical Attendant.

Address 151 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Thalen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 92 Block Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 9 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

James Sic. R. Magee M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch Cummens

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Sixty Six *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cerebral Softening - Paralysis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, May 9th 1878

Undertaker, Thurston Yeats

Place of Business, 56 Jefferson *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Wefel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} no 320 S Charles Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

A Friedenwald *M. D.*
Medical Attendant.

Address 88 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Gormley

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 782 W. Baltimore st.

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, About 15 years.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, May 9th

Undertaker, S M Leonard & Son

Place of Business, 782 Wes Baltimore st

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Miller

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 7 *Years,* 10 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington DC

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 17 North Amity

Cause of Death, {First (Primary.) Diphtheria

{Second (Immediate,)} "

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10

Undertaker, J B Cook

Place of Business, 707 W Pratt

Thomas O'Neil M.D.
Medical Attendant.

Address, 396 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL [illegible]

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

Permit No. 25015

The Physician who attended [illegible] responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other pe[illegible] burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, und[illegible]

No Permit [illegible] Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotlam Seyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 90 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 281 Alice Anne St

Cause of Death First, (Primary.) Senile decay

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 10th 1878

Undertaker, Mr Nicholson

Place of Business, 258 Alice Anne St

James A Steuart M. D.

~~Medical Attendant~~

Address, Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr J. F. McShane

No. 25016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 10 1878

Permit No. 25016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob E Saunders

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color; Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 112 Chestnut alley

Cause of Death {First, (Primary,) ..... Convulsions

{Second, (Immediate,) ..... 6 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10th

Undertaker, Hellen & Dorsey

Place of Business, 254 Monday St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ation of Physicians ... especially invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

Permit No. 2507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Nicholson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Salem N. J.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 312 Linden Ave

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,) do Exhaustion

Duration of Last Sickness, about 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Salem New Jersey

Date of Burial, May 10th 1878

Undertaker, John C Hughes

Place of Business, 60 E Balto

E. Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1077

[OVER.]

No. 25018

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph André

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 57 *Years,* 2 *Months,* 5 *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, storekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} N° 300 Light Street

Cause of Death, First (Primary,) Phlegmone colli

Second (Immediate,) Rupture arteria carotis

Duration of Last Sickness, 10 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 12 th

Undertaker, Henry Bride

Place of Business, Hanoitta St 31

Henry Saber M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gruber

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 48 *Years,* 11 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (25 or 26 yrs.)

Duration of Residence in the City of Baltimore, 25 or 26 years

Place of Death, {Give street and number.} #499 N. Gay St.

Cause of Death, First (Primary,) Laryngeal & Pulmonary Phthisis

Second (Immediate,) Apnoea

Duration of Last Sickness, 4 years (confined to bed for 2 months)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 12th 1878

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

Geo. L. Hartman M.D.
Medical Attendant.

Address, #504 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Rhone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 28 Pine St.

Cause of Death, First (Primary,) Congestion of Lungs.

Second (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, May 10th 1878

Undertaker, Mr. P. Kimmerer

Place of Business, Shilbery St

Geo. L. Brown M. D.
Medical Attendant.

Address 258 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25021

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Wiegand

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 75 *Years,* 2 *Months,* 20 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 30 Abbey Alley

Cause of Death, First (Primary,) ~~Senile~~ old age

Second (Immediate,) Senile debility 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Canton Cemetery

Date of Burial, 11th May

Undertaker, B. Harle

Place of Business, 711 Light St

Wm Baker M.D.
Medical Attendant.

Address, 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

Date of Death, Found May 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Groff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Unknown

Occupation, labrer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Found floating in Dock foot of South St

Cause of Death, {First (Primary,) Accidentally / Second (Immediate,) Drowned (Jury Verdict)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemitery

Date of Burial, May 10 1878

Edm'd Rowalke M. D.
Medical Attendant.

{*Undertaker,* P. Mullin / *Place of Business,* 67 Cambridge St} *Address* Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Webster

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 145 Barre St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 11 1878

Jno W. Benson M. D.
Medical Attendant.

Undertaker, Aust T Dennis

Place of Business, Light St *Address,* 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th. May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Markel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* — *Days.*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Elgersdorf, Bavary, Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number.} Elliot Street 17. (Canton)

Cause of Death, First (Primary,) Delirium Tremens, duration 6 months.

Second (Immediate,) Apoplexia sanguinea 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 11th 1878

Undertaker, Peter Frey.

Place of Business, 91 Eutaw Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25025

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25025

The Physician who attended any perso[illegible] is respon[illegible] the presentation of this Certificate, *accurately*, [illegible] *out*, to the Undertaker or other person superin[illegible]e burial, within *twenty-four hours* aft[illegible] the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Dixon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 211 E. Hughes St

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 11th 1878

Undertaker, Chas. A. White

Place of Business, ——— *Address,* Bureau of Health

Thos. A. Glenn M. D.
Health Officer.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr S. A. Bell

[OVER.]

The Special Attention [illegible] to the items below, and to list of diseases on [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Prentice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 51 George St.

Cause of Death, First (Primary,) Paralysis – (Hemiplegia)

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Westminster Green & Fayette Sts

Date of Burial, May 11th 1878

Undertaker, Jos. P. Cook

Place of Business, 704 W Baltimore St.

D. G. Miller M. D.
Medical Attendant.

Address 89 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kimmel

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 9 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 6 Cambridge St

Cause of Death, First (Primary,) Inflammation Bowels

Second (Immediate,) 6 days

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, May 11th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

J. L. Chatten M.D.
Medical Attendant.

Address, 6 Cambridge St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25028

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Fulton

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (35 yrs in Amer

Duration of Residence in the City of Baltimore, 31 Yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, {First (Primary,) Cancer Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 11, 1878

{*Undertaker,* Henry Hoen

Place of Business, 309 Central Ave

Oscar J Carter M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Barney.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Ray St.

Cause of Death, First (Primary,) Not known.

Second (Immediate,) Cerebral Congestion.

Duration of Last Sickness, 3 weeks - Under treatment 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Federal Cem'y

Date of Burial, May 11th 1878

J. W. Thilé *M. D.*
Medical Attendant.

Undertaker, S. W. Lehnert

Place of Business, Ave *Address* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25030

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Bousche

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 362 Hanover St

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) Asphyxia

Duration of last Sickness, 15 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 11th

Gordon Catlett M. D.
Medical Attendant.

Undertaker, H Brieles

Place of Business, Henrietta St 81 *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25031.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francesca Virginia Cook

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 7 *Years,* 6 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Daughter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 135 E Baltimore St

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) Worn 5 days

Duration of Last Sickness, Worn 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 12th

Undertaker, Henry Sander

Place of Business, 252 Lombard ave

Wm Ridgway Porter M.D.
Medical Attendant.

Address, No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(1)

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Haddaway Auld

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Sixty Six *Years,* *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ~~Store~~ Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co, Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 454 N Calhoun Street

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, May 12 1878

Undertaker, I. H Lowe

Place of Business, Balt St

H Darling *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25033.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Barger Kerr

Sex, Male ~~or Female,~~ {Cross out the word not required in this line,}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 96 N Eutaw st

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 96 N Eutaw st

Cause of Death, First (Primary,) Meningetis

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, Balt. Cemetery

Date of Burial, May 12th 1878

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

A Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 234 N. Caroline St

Cause of Death, {First (Primary,) Ovarian Tumor

{Second (Immediate,) 1

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 12th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

S. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit No 80

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B. McCreary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 165 Druid Hill Ave

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12 1878

{*Undertaker,* R. A. L. Bevan

Place of Business, E. Balto St

Thomas Shearer M. D.
Medical Attendant.

Address 9 W. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Hampton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* Six (6) *Months,* Twenty seven (27) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 434 E. Eager St

Cause of Death, {First (Primary,) ~~—~~ Second (Immediate,) Marasmus

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 12 1878

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Bro Blake M. D.
Medical Attendant.

Address 414 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can he ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Stein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eisenach (Germany)

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 275 Eastern Ave

Cause of Death, First (Primary,) (Consumption) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. Kuhlmann M. D.

Medical Attendant.

Date of Burial May 13th 1878

Undertaker, Henry Sander *Address* 120 Saint Paul St. Balto.

Place of Business, 252 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Padden

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 20 Neighbor St.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 11th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Jno Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25039

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Beadle Taylor

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 39 S. Calhoun

Cause of Death, { First, (Primary.) ——— Second, (Immediate,) Acute Meningitis —

Duration of last Sickness, About 8 days

All the above information should be furnished by the Physician.

Place of Burial, Met Oliver

Date of Burial, 12th May

Undertaker, I. B. Cook

Place of Business, W Balto St

J. R. McGinnis M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25040

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Silk

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 90 Hanover

Cause of Death {First, (Primary,) Second, (Immediate,)} Bright's disease of the Kidneys

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 12th

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave

E. Jewett Coale M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

23041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Cordle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 166 Montgomery St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Inanition

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, May 13 1898

Undertaker, Mistry Dent

Place of Business, 1611 Light St

Verdine Cordle M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1081

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 May 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Healey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 66 S. Arlington Ave.

Cause of Death, First (Primary,) Phlegmonous Erysipelas

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 13

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore

J. Shilton Hill M. D.
Medical Attendant.

Address 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25044

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

Date of Death, May 11.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Francis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1st Months

Place of Death, {Give street and number} 1354 Hanover St

Cause of Death { First, (Primary,) Dentition
, Second, (Immediate,) Convulsions

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1878

Undertaker, Charles H. Reed

Place of Business, 170 Pratt St

Thos. Ford C. M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

Permit No. 25044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

Date of Death, May 10/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Olivia

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} female

Age, 7 *Years,* 9 *Months,* 28 *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime, with the exception of seven

Place of Death, {Give street and number.} 175 W. Hoffman St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 12th 1878

Undertaker, Hughes & Co

Place of Business, 330 Fayette St

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 7 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

Permit No. 25045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Weinrich

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, — *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number.} 210 S. Broadway

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Cemetery Philpot Road

Date of Burial, May 12th

Undertaker, M. Langrood

Place of Business, 81 Gough St

Abram D. Arnold M.D.
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 20 *Days.*

Color, Colo *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 142 N. Chapel St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12th 1878

Undertaker, W. N. Zinger

Place of Business, 162 East St

F. A. Bowers *M. D.*
Medical Attendant.

Address 10 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Celeste Cole.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Dugan St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) 1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13th 1878

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

D. W. Houck M.D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25048

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person sup... sooner, if requested so to do, under penalt...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTI...ATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Murray

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} Reese's alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, May 12th 1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, L. LeGorsden

Place of Business, 197 Bank St *Address,* Commissioners Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr S. A. Bell [YEAR.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Mitchell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Balt. Infirmary

Cause of Death First, (Primary,) Empyaema

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, May 12th 1878

Undertaker, L. LeGourde

Place of Business, Bank St

T. A. Ashby M. D.
Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. Thornagle,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* 29 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 Orchard St.

Cause of Death, First (Primary,) Cerebral Congestion.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Ephraim

Date of Burial, May 12th 1878

Undertaker, Jacob Gerwerich

Place of Business, 242 Lexington

John T. Steiner M.D.
" " Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25051

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Foster

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* ____ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Baltimore & Clayton Alley

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia & Double

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sand Creek

Date of Burial, May 12 1878

G. H. Norris *M. D.*
Medical Attendant.

Undertaker, J. C. Jones

Place of Business, No 63 Pratt

Address, Cor Light & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hanamy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 215 Front st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 12 th

Undertaker, Las P Byrn

Place of Business, 63 Front st

J C P White M. D.
Medical Attendant.

Address 132 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25053,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Taylor

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twenty four Years, Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 45 Holland St.

Cause of Death, First (Primary,) Pleuro — pneumonia

Second (Immediate,) Phthisis or consumption

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14th 1878

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20054

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May Eleventh (11th) 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel McClintock

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Grocery Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 14 Baker Street

Cause of Death { First, (Primary,) — Second, (Immediate,) Aneurism of the Aorta

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount-Cemetery

Date of Burial, May 13th

Undertaker, Fry & Son

Place of Business, 54 So. Broadway

Wm. H. Clendinen M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE MD.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Emma Wiley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York State

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 159 Harford Ave.

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Nervous depression & Pneumonia

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 13th 78

Undertaker, Wm. H. Hagerman

Place of Business, 234 E. Lan. St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 11,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Higgins

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cincinatti Ohio

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number} 5 Cuba st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, May 13th 1878

Undertaker, Julius Koehler

Place of Business, Sharp x Craig s

Thos Condon M. D.
Medical Attendant.

Address, 146 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta McCauley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Balt~~ Hanover Co. Va

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 37 E. Eland st.

Cause of Death First, (Primary,) Indigestion

Second, (Immediate,) Cancer of the liver

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 14th May Tuesday 1878

Undertaker, ~~Mr~~ Hayes

Place of Business, Woodbery

G. Glenn Hall M. D.
Medical Attendant.

Address, Balt. & Wash. es

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25058

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Hunt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 6 months.

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 13. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Mathias Brown M. D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25059

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, _____ *Years,* About 1 *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of ~~Baltimore~~, Its Entire 4 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) _____

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 13. 1878

Undertaker, Saml Brown

Place of Business, 156 Divisions St

Mathew Brown M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11 May 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Kline

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 0 *Years,* 4 *Months,* 11 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Johns alley near Dolphin

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, all to life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13 1878

Undertaker,

Place of Business,

G L Tiney Lee M.D.

Medical Attendant.

Address, 129 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Hannah Holland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 S. Eden

Cause of Death, {First (Primary,) Ovarian Tumor, (Pathological probably)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 14th 1878

Geo. Z. Reynolds M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, W. Baltimore St. *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE MAY 13 1878

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank E Coslar

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 111 N Pratt St Hospital

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)}

Duration of Last Sickness, Some illness about two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, May 13 78

Undertaker, Anthony Comy

Place of Business, 12 263 Saratoga

J J Hammond M. D.
Medical Attendant.

Address, 64 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Dibby. Infant.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F

Age, ~~One~~ *Years,* Five *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 67. Cathedral St Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 67. Cathedral St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Infantile Convulsions.

Duration of Last Sickness, about Six days.

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 13th 1878

Undertaker, Hoy. W. Jenkins & Son

Place of Business, 16 Light St.

Mr Evan Bibbins M.D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Caroline Bock

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 58 *Years,* — *Months,* 5 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No 322 E. Monument St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) General Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15th 1878

Undertaker, Geo Schilling

Place of Business, Ashland Bynap

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence N. Foster

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Mosher st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, April 13th 1878

Undertaker, Hy. W. Jenkins & Son

Place of Business, 16 Light st.

H. W. Webster Jr. M.D.
Medical Attendant.

Address, 54 Barre st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25066.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Woollen

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Eighty five *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No. 63 North Bond St

Cause of Death, {First (Primary,) Her age the first cause

Second (Immediate,) Exhaustion of the vital powers

Duration of Last Sickness, About seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 14th 1878

Undertaker, Mrs. Frey

Place of Business Cor of Fayette & B. Sts

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & No Eden St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23066

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H Medders

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~50~~ *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} Bell Infirmary

Cause of Death, First, (Primary,) Cancer on the neck

Second, (Immediate,) Asthenia

Duration of last Sickness, 12 days in Hospital

All the above information should be furnished by the Physician.

Place of Burial, Georgetown Kent Co

Date of Burial, May 13th 1878

Undertaker, [illegible]

Place of Business, 350 Fayette St

T. A. Ashby M. D.
Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dignan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* one *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number} Cor Maryland Avenue & Federal St.

Cause of Death, First, (Primary,) Gastro enteritis

Second, (Immediate,) " "

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 13th 1878

W. B. Browne M. D.
Medical Attendant.

Undertaker, Joseph J Byrne

Place of Business, 592 Liberty *Address,* 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25069

The Physician who attended [illegible] responsible for the presentation of this Certificate, [illegible] ment, to the Undertaker or other person [illegible] after the death, sooner, if requested so to do, under penalty of law.

MAY 13 1878

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann B. Meisel

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, 75 Years, ____ Months, ____ Days.

Color, White

~~Married~~ ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 19 yrs

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 533 Hill St

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Dropsy

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13 1878

Undertaker, H. Briele

Place of Business, 81 Hanover St

Address, Comm of Health

H Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. S. A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brock

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 213 Preston St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diptheria

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cemetery

Date of Burial, May 13 1878

Sherwood Gott & M. D.
Medical Attendant.

Undertaker, Henry Roach

Place of Business, 209 Central Ave *Address,* 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abladin Abel

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1y *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Workman in a Rain factory

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Seven (7) Years

Place of Death, {Give street and number.} 305 N. Durham Street

Cause of Death, First (Primary,) Lymphadenitis Cervicis & Angina Ulcerosa

Second (Immediate,) Pyrexia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 13 1878

Undertaker, Henry Hoch

Place of Business, 304 Central Ave

Sil Selmser M.D.
Medical Attendant.

Address, 101 Orleans Corner Wolfe Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa May Ross

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hunterland Alleghany Co Md

Duration of Residence in the City of Baltimore, 14 mos -

Place of Death, {Give street and number.} No 18. Pleasant Alley

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, 13 May

Undertaker, M Clarke & Sons

Place of Business, 64 E. Balto St

W. T. Clarke M. D.
Medical Attendant.

Address, 230 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Archer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Virginia

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} 144 Preston St

Cause of Death, {First (Primary,) Bright's disease. Second (Immediate,) Paraplegia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13th 1878

Undertaker, Wm H. Bishop Jr

Place of Business, 97 Druid Hill Ave.

J E Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Garland Sr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ---

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} 57 Bruen St

Cause of Death, First (Primary,) Cancer

Second (Immediate,) .....

Duration of Last Sickness, I saw him only once about 2½ years ago

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Geo. B. Reynolds M. D.

Date of Burial, May 14th 1878 Medical Attendant.

Undertaker, Armstrong & Devey *Address* 45 N. Calvert

Place of Business, # 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Earhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canton Park

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Canton Park

Cause of Death, First (Primary,) ~~Ot Diphtheria~~

Second (Immediate,) Incanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery J. H. Martin M. D.

Date of Burial, May 13 Medical Attendant.

Undertaker, W. Diffel

Place of Business, S. Bond at 131 *Address* Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Nine Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 106 Raborg St

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 13

Undertaker, James Brackston

Place of Business, No 20 Druid Hill Ave

H K Harris M. D.
Medical Attendant.

Address 116 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Foster

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Boston Mass.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} House on the East side of S. E. Cor...

Cause of Death, First (Primary,) .....

Second (Immediate,) Paralysis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13th 78

Undertaker, [illegible]

Place of Business, No 130 Camden

G. L. Thomas *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elliott

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 18 Sterrett St

Cause of Death, First, (Primary,) Spasm

Second, (Immediate,) 6 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 14th 1878

Undertaker, Wm P Lehmann

Place of Business, 16 Sterrett St

H. L. Green M. D.
Medical Attendant.

Address, 37 Gt Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25079.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hunsley Nicholson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Abont 65 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 288 S Howard st

Cause of Death, First (Primary,) Organic Heart disease

Second (Immediate,)

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 1878

Undertaker, C W Chase

Place of Business, 5 Howard st

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Burnet Robinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 211 Howard St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) One week

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Glen Ashery

Date of Burial, May 13 1878

Undertaker, S. H. Chase

Place of Business, 198 Howard

R. Wm. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace E Garner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bay View

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Division st,

Cause of Death, {First (Primary,) Laudanum, an over dose given through ignorance of its effects.

{Second (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 13 1878

Undertaker, J W Chase

Place of Business, No 198 Harrison

Geo C Ogle Coroner M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 25082

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Jefferson St

Cause of Death, {First (Primary,) Catarrhal Pneumonia / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 9 Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 12th 1878

Undertaker, Thurdon & Locke

Place of Business, 56 Jefferson St

R. E. Stein *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 25083,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3h 30m P.M. 11th May, 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Mack

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, Sixty-Six *Years,* One *Months,* Twenty-Six *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation, Tobacco Merchant and Cigar Manufactur

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City — Maryland

Duration of Residence in the City of Baltimore, His whole life, Except 6 years in the South

Place of Death, { Give street and number. } 327½ Pennsylvania Avenue, Balto. City

Cause of Death, { First (Primary,) Paralysis

{ Second (Immediate,) "

Duration of Last Sickness, altogether one or four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13th

Undertaker, J. E. Mcaughs

Place of Business, 319½ Penn.a Ave *Address* 148 W. Howard St

Wm. I. Worth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) from Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, middle river Station

Date of Burial, may 13 1878

Undertaker, S H Chase

Place of Business, 192 Shallard

Wm Goodwin M.D.

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sunset 1083

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Lucile "foster child"

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 182 Bank St

Cause of Death { First, (Primary,) .....
Second, (Immediate,) Deathered

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 14th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

I. H. Harris M. D.
Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Carlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Louis

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 197 Saratoga st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, May 13th 1878

Undertaker, Wm A Miller

Place of Business, 197 Saratoga st

J. L. Dyhart *M. D.*
Medical Attendant.

Address 219 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Mayer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 West St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Zion Cemetery

Date of Burial, 14th May

Undertaker, R. Earle

Place of Business, 191 Light St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 25088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, William H White

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May 13th 1878

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 64 Yrs. *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Connecticut

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 73 Holliday St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Valvular disease of the heart

Duration of Last Sickness, All Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 14 1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

W. Hammond M.D.

Medical Attendant.

Address, Mar 64 N Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supinteuding the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Behse

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eutty

Duration of Residence in the City of Baltimore, 4 ell 19

Place of Death, {Give street and number.} No 64 Bunch st

Cause of Death, First (Primary,) Colera Infantum

Second (Immediate,) Measles

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, May 14th 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

Saml Ensterline M. D.
Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this certificate.

Board of Health, City of Baltimore,

Permit No. 25090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 112 Chestnut St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 mths.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 14th 1878

Edward Andrew M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, Howard St

Address 137 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Haynie

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 2 *Days*

Color, Whit

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 397 E. Baltimore St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 14, 1878

{*Undertaker,* M. A. Daiger

Place of Business, 74 S. Broadway

R. W. McCausland M.D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Sanner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* —— *Months,* 3 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 261. E. Pratt. St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 15. 1878

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway

H. H. McManus M. D.
Medical Attendant.

Address 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25093,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Kreamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 275 Augusta ave.

Cause of Death, First (Primary,)

Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 14, 1878

Undertaker, M. A. Galgi

Place of Business, 74 S. Broadway

S. T. Coyne M. D.
Medical Attendant.

Address 134 N. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Stirling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 0 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 101 N. Eutaw St

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 14th 1878

James Carter, *M. D.*
Medical Attendant.

Undertaker, P. Kinnaf

Place of Business, 311 Mulberry St

Address Corner Mulberry & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Newton

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 10 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Wagon Alley

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 4½ Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14th 1878

Undertaker, Peter Kinnane

Place of Business, 317 Lombard St

Thomas Obie M.D.
Medical Attendant.

Address, 390 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Abbott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 223 Light St

Cause of Death, {First (Primary,) Tuberculas Meningitis / Second (Immediate,)}

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14 78

Undertaker, Anthony Denny

Place of Business, No 268 Light St

L. C. Bunch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Madden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 94 McCulloh St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)}

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 14th 1878

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

Edward J. Madden M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Waterhauser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, about 15 Months

Place of Death, {Give street and number.} 997 W. Pratt

Cause of Death, { First (Primary,) Pertussis

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 15th

{ *Undertaker,* John T Paulus

Place of Business, 66 Fredrick St

Jno. G. Holliday M. D.
Medical Attendant.

Address Carrol P.O. Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D... MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edington Fulton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Journalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 107 S. High St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy P.O. Balto M. D.

Date of Burial, May 15th 1878 Medical Attendant.

Undertaker, Thos J Hughes *Address* 117 S. High

Place of Business, 111 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I F. Mauck

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 39 Exeter.

Cause of Death, First (Primary,) Empyaemia

Second (Immediate,)

Duration of Last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15th 1878

Undertaker, Herbert & Co

Place of Business, 386 Orleans St

Abram Brauer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules as to Burial, and to Use of Disinfectants on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Wilson

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.} Female

Age, 1 *Years,* — *Months,* — *Days*

Color, Black

~~*Married,* Single, *Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 4 Cross Alley near Franklin

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) —

Duration of Last Sickness, All his life.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, May 14th 1878

Undertaker, L. LeGourdes

Place of Business, 197 Barnes St

H. Schaupf M.D.
Medical Attendant.

Address, N. W. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person su[illegible] sooner, if requested so to do, under penalty,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CE[illegible]

CERTIFICATE OF DEATH.

Date of Death, May 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Woodley.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 37 State St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 '1878

Undertaker, Jas Brayton

Place of Business, Druid Hill

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examn by Dr L. H. Scaff

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rouse

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of Delaware

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 431 E. Lombard St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) —

Duration of Last Sickness, Confined to bed 10 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, May 14th 4 p.m.

Undertaker, Kinsey & Lauder

Place of Business, 452 Pennsylvania Ave

E. L. Byrne M.D.
Medical Attendant.

Address, 106 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frisby Richards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 3 *Months,* *Days.*

Color, Light Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 52 Brewer Alley

Cause of Death, First (Primary,) unknown

Second (Immediate,) Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14

Undertaker, James Brackston

Place of Business, 10 Drumhill Ave

B F Bohan M.D.
Medical Attendant.

Address Cor Dolphin & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13? 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Peter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 101 Brenner alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) a long time

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, May 14

Undertaker, James Brackton

Place of Business, 20 Druidhill Ave

H. L. Bevis *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kelly

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 31 — *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About 16 Years

Place of Death, {Give street and number} 62 S. Fulton

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, About 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 15th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

W. M. McGinnis M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia B. Robertson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 2 *Months,* 16 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 427 E. Chase St., B.

Cause of Death, {First (Primary,)} Cardiac disease

{Second (Immediate,)} Embolism. Congestion of Lungs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, May 15th 1878

{*Undertaker,* John H. Weaver

{*Place of Business,* #22. W. Fayette St

W. W. White, M. D.
Medical Attendant.

Address 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1084

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 20 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 44 E. Biddle Street

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, three days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 15th 1878

Undertaker, Chas H. Miller

Place of Business, 44 E. Biddle St

J. E. Whitford M. D.
Medical Attendant.

Address 95 Virginia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bastian Funck

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 2 3 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 15 n. Bond St.

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.

Date of Burial, May 15

Undertaker, W. J. Dippel

Place of Business, 50 & 52 Lond St

E. W. Mansfield M.D.
Medical Attendant.

Address, 112 & 114 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M Field

Sex, Male or Female, { Cross out the words not required in this line. }

Age, — *Years,* — *Months,* 11 *Days*

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, { Give street and number. } 1 J Eastern Avenue

Cause of Death, { First (Primary,) Infantile Inflammation

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 16th 10 AM

Undertaker, Peter Lee

Place of Business, 121 Eastern Ave

Chas Lee M. D.
Medical Attendant.

Address, 83 Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Irvin Pletzer

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 311 W. Biddle St.

Cause of Death, First (Primary,) Entero Collitis

Second (Immediate,) —

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 15 1878

Undertaker, H. Guy Koch

Place of Business, 204 Central Ave

J. F. Zeph M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Alber

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* 6 *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 309 Saratoga

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. Cem.

Date of Burial, May 16th 1878

Undertaker, C[redacted]er 518 W.

Place of Business, 518½ W. Baltimore Str.

Louis Chs. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Buchheimer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 19 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Pear Alley

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16th 1878

{*Undertaker,* Andrew Seltz

Place of Business, 118 Druid Hill Ave

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M Burgess

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Silver plater

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 13 Rock St

Cause of Death { First, (Primary,) Cirrhosis of Liver

Second, (Immediate,)

Duration of last Sickness, 8 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 16th 10 AM

Undertaker, Peter Kennedy

Place of Business, Mulberry near Fremont

J. H. Keeney M. D.
Medical Attendant,

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Jane Tuld

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 231 E. Pratt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 231 E. Pratt

Cause of Death, {First (Primary,) Whooping Cough; Second (Immediate,) Convulsions}

Duration of Last Sickness, about ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 16th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

John E. Weissmuller M. D.
Medical Attendant.

Address 6 Calvert & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 Mai 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Stubenrauch

Sex, Male or Female, {Cross out the words not required in this line.} male {Chas Stubenrauch

Age, 55 *Years,* 11 *Months,* *Days)*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, jeweler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany. Palatinate. 30 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 50 Chew Street

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,) Uraemie

Duration of Last Sickness, 4 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, 16 Mai 1878

Undertaker, G. Schilling

Place of Business, Augusta & Lemmert st

L. F. Reinhard M.D.
Medical Attendant.

Address, L. F. Reinhard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sophia Innis.

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 11 m. 11 d.

Place of Death, {Give street and number.} 51 Union Sq.

Cause of Death, First (Primary,) ———

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 3 week.

All the above Information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, May 15th 1878

Undertaker, L. LeGarde

Place of Business, 197 Barre St

Louis C. Horn M.D.
Medical Attendant.

Address, 223 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Notz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 25 Y.

Place of Death, {Give street and number.} 65 E. Pratt St

Cause of Death, First (Primary,) Placenta praevia

Second (Immediate,) Exhaustion from loss of Blood

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16

Undertaker, F Gaede

Place of Business, No 24 S. Caroline st *Address*

F. Liebmann M. D.
Medical Attendant
68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M. Rothrock

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 N. W. Cor. Stirling & Aisquith

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 15, 1878

Undertaker, Henry Floth

Place of Business, 304 Central Ave

Jno Burke Boyle M.D.
Medical Attendant.

Address, 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878 — 10 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lamme

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* four (4) *Months,* two (10) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 108 Castle Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 36 Walker St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 15th "

{*Undertaker,* H. Diffel

Place of Business, S. Bond St. 151

Dr. Kelderdice M.D.
Medical Attendant.

Address, 102 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Pittman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, 4 Months, 26 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 242 S. Sharp St.

Cause of Death First, (Primary,) Acute Hydrocephalus

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16th

Undertaker, Henry Boice

Place of Business, Pennsylvania Ave & Pennsylvania St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 Henrietta St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, May 16 78

Undertaker, Armstrong & Dorsey

Place of Business, No 263 Lexington St

H B Todd M. D.
Medical Attendant.

Address 17 Monroe st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. Grichmond.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 Years, 10 Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 16 E. Monument St.

Cause of Death, {First (Primary,)} Diphtheria

{Second (Immediate,)} 7 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16 1878

{Undertaker, Henry Hoen

{Place of Business, 309 Central Ave

Edward Pendleton M. D.
Medical Attendant.

Address 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. Tate

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 43 *Years,* 2 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Bar tender

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, About 12 Years

Place of Death, {Give street and number.} 65 Camden St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation Stomach & Bowels

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16th

Undertaker, F. A. Trolle

Place of Business, #131 Hanover Sts.

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Bank Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hortense Black

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} No: 339 Lamard St

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,) General Athrophy

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 16th 1878

Undertaker, D Hughes Jr

Place of Business, 53 & 60 Fayette St

James Armitage M. D.
Medical Attendant.

Address No 14 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hoggle

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number} Balt. Infirmary

Cause of Death {First, (Primary,) Peripneumonia Haemorrhagica.
Second, (Immediate,) Asthenia.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16 1878

T. A. Ashby M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, 317 Aisquith St. *Address,* Balt. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

Date of Death, May 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 103 *Years,* 3 *Months,* 10 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 Lee St

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 16, 1878

{*Undertaker,* S. W. Chase

Place of Business, S. Howard St

R. M. Hall M. D.

Medical Attendant.

Address 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 1978

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 140 York St.

Cause of Death First, (Primary,) Scholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1978

Undertaker, S. M. Chase

Place of Business, 106 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

Date of Death, May 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Fowler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 27 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 188 Warner St

Cause of Death { First, (Primary,) Second, (Immediate,) Dysentery

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1878

Undertaker, S W Chase

Place of Business, 198 S Howard St

Thurston Cole M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hammond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* *Days.*

Color, Mulatto *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Md~~ Frederick Md

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 236 Chestnut Alley

Cause of Death, First (Primary,) ...

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New. cathedral

Date of Burial, May 17, 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

W. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Snowden

Sex, Male ~~or Female~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 100 S Spring St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) .....

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, May 16, 1878

Undertaker, Charles A White

Place of Business, 35 Granby st

Geo. S Kennedy M. D.
Medical Attendant.

Address 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucretia Smith.

Sex, Male or Female, { Cross out the words not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Mulatto.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 178 S. Sharp St.

Cause of Death, { First (Primary,) Scrofula. / Second (Immediate,) Exhaustion from Diarrhoea have been without treatment

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 16/78

Undertaker, Jacob Ross

Place of Business, 113 Lee St

J. W. White M.D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kavanagh.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* 1 *Months,* ~~*Days.*~~

Color, White *Sex,* Male.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 38 Druid Hill Avenue, Baltimore.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 47 Preston St. Baltimore.

Cause of Death, {First (Primary,) Ulcerated Sore Throat. / Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. Geo. J. Collins M. D.

Date of Burial, May 16th 1878 Medical Attendant.

Undertaker, Chas. T. Scriven Address 46 Richmond St. Baltimore

Place of Business, 271 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Kane

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} —

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} County of Cork Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 44 N. Sharp — —

Cause of Death, First (Primary,) Renal Mening of Stomach.

Second (Immediate,) —

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, May 16th 1878

Undertaker, John L Andrews

Place of Business, No 416 Druid Hill Avenue

J L Arnold M.D.

Medical Attendant.

Address, 7 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 78 P.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Labboh. Co. Md. 24 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Chesnut St.

Cause of Death, {First (Primary,) Valvular (Mitral) disease of the heart. / Second (Immediate,) Ascites 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga st

Edward D. McDevitt M. D.
Medical Attendant.

Address 137 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25136.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Munnick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 154 Greenmount Ave

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 16 May 4 O'Clock P.m

Silas N. Hunter M.D.
Medical Attendant.

Undertaker, Geo E. Rodenmeyer

Place of Business, 38 Exeter St near Fayet *Address* 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 184 Chestnut alley

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 15

Undertaker, James Brachlen Co

Place of Business, No 20 Druid hill Ave

P. P. Gibbons M. D.
Medical Attendant.

Address 4 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25738.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Neuruger

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 172 E. Monument St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 16th 1878

Fred Ortt M. D.
Medical Attendant.

Undertaker, Wm. H. Pickrum

Place of Business, 224 E. Pratt St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kane

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* 7 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Co. Galway Ireland

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and number.} # 184 Canton Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 16 /

Undertaker, H. Hoffeck

Place of Business, 309 Central Ave

M. B. O'Reilly *M. D.*
Medical Attendant.

Address, 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary McAllister

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 28 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Louis

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} N. Howard St Phillips Palmer's

Cause of Death, {First (Primary,) "

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 17 78

Undertaker, Kennedy & Son

Place of Business, 92 N Howard

F. Donnelly M.D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Silberzahn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 N Eden St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17th 78

Undertaker, Geo Schilling

Place of Business, Ashland Square

L. A. Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 9 S. Green St

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 17th 1878

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

S. C. Busch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Williams

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Locust Point

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 112 Cookie Street Locust Point

Cause of Death, First (Primary,) Unknown — dead when found delicate in appearance was taken sick 4 hours

Second (Immediate,) ____

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemty

Date of Burial, May 16 1878

E. W. Janney M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Cor Light & Montgomery

Address Patapsco & Boston Sts Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E Dukehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, In Balt^o city & County since birth

Place of Death, {Give street and number.} 194 N. Broadway

Cause of Death, First (Primary,) Inflammatory Rheumatism

Second (Immediate,) Hypertrophy & Valvular disease of Heart

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 16th 1878

Undertaker, Wm S Hughes

Place of Business, 411 East Balto

T. A. McManus M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Trunk

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 471 Caroline all

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery

Date of Burial, May 17th 1878

Undertaker, Haughton & Lee

Place of Business, 66 S Broadway

G. L. Wilkins M.D.
Medical Attendant.

Address, 471 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry G. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 50 Spring Row

Cause of Death, {First (Primary,) ———— Second (Immediate,) Consumption of the Lungs

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, May 17th 1878

Undertaker, Murphy & Co

Place of Business, 65 S. Broadway

Phd Ryd Thomas Shearer M. D.
Medical Attendant.

Address 93 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25147

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5 mo 16 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Steele.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 22 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 441 N Stricker St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17 78

W. Riley M. D.
Medical Attendant.

Undertaker, Saulsbury & Co

Place of Business, 530 W. Fayette *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams Diggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 98 Goodman Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17 th

Undertaker, Hercules Boss

Place of Business, 96 Conway St

J. T. Stuart M. D.
Medical Attendant.

Address 260 South Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Hamill

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* 4 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 54 years

Place of Death, { Give street and number. } 131 N. Gay st

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate.) Eight days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Salt Cemetery

Date of Burial, May 18 78

Undertaker, Chas. A. Mewes

Place of Business, 35 Park Ave. Address

E. F. Cooper M. D.
Medical Attendant.

134 E. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25150

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Pitts

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* / *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 94 S. Carey St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, sick all his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, May 16 1878

James A. Steuart M. D.

Residence obliterated

Undertaker, Joseph B. Cook

Place of Business, 707 W. Balto St

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr James Bosley [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Louise

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 5 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 511 N. Baltimore

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Russ Cemetary

Date of Burial, May 16th

{*Undertaker,* David Hyman

{*Place of Business,* 71 N. Gay Street

Abram D. Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878 Baughman

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Baughman

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.} male

Age, *Years,* 7 *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mount Washington Baltimore Co.

Duration of Residence in the City of Baltimore, two month

Place of Death, {Give street and number.} 37 E. Eager

Cause of Death, {First (Primary,) Diarrhoea. Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, May 17 1878

{*Undertaker,* Wm Lloyd
Place of Business, Hampden

David E Butler M. D.
Medical Attendant.

Address 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the following rules, and to those on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, May 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. E. Hutchinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 5 Yrs.

Place of Death, {Give street and number} 65 Lexington St. Corner Eutaw

Cause of Death {First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 17th May 1878

Undertaker, Wm Watkins & Son

Place of Business, 16 Light St

J. W. Miller M. D.
Medical Attendant.

Address, 121 W Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25154

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Stans

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 Lee Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Brain Fever.

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem.

Date of Burial, May 16th 1878

Undertaker, L. LeGourdes

Place of Business, 197 Barre St.

James A Steuart M. D.
~~Medical Attendant.~~

Address, Penny of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by S. A. Bell V. P.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Jatsch

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Poland - 5yrs in U.S.

Duration of Residence in the City of Baltimore, 2 1/2 yrs

Place of Death, {Give street and number.} St Hospital

Cause of Death, First (Primary,) Cancer Liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Roman Ch

Date of Burial, May 17th 1878

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Av

Geo J Cahill M.D.
Medical Attendant.

Address, 188 N Caliden St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 247 S Caroline St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) .....

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Harford Cem

Date of Burial, May 17th 1878

E J Way *M. D.*
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 56 Jefferson St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fleth

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 50 *Years,* 4 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Moulder

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 14 Fountain

Cause of Death, First (Primary,) Fatty Degeneration of the Heart

Second (Immediate,) Coma

Duration of Last Sickness, Confined to bed 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, May 17th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave

C. L. Wilkins M.D.
Medical Attendant.

Address, 771 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25758,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis L. Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 125 Park Ave

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May. 17th 1878

Felix Jenkins M. D.
Medical Attendant.

Undertaker, H. J. B. Jenkins Son

Place of Business, 16 Light st.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

~~CERTIFICATE OF DEATH.~~

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Beckman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, {First (Primary,) Senile Decay

Second (Immediate,) .....

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Geo L. Taylor M. D.

Medical Attendant.

Date of Burial, 17th May 1878

{*Undertaker,* Wm Deaking & Son *Address* 1 Waverley Terrace

{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Neeb

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 10 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 59 S. Castle St

Cause of Death, First (Primary,) /

Second (Immediate,) Scarlatina (Congestive)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 17th

Undertaker, H Clarke & Sons

Place of Business, 64 E. Balto St

H. L. Clarke M.D.
Medical Attendant.

Address, 225 Gaughon

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rockwell Cowen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty-eight *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Waterloo, New York

Duration of Residence in the City of Baltimore, One year & Six months

Place of Death, {Give street and number.} Johnstons Coal Wharf.

Cause of Death, {First (Primary,)} Deficiency of Tricuspids

{Second (Immediate,)} General Dropsy

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Baltimore May 17th 1878

Undertaker, Chas F. Clark

Place of Business, 190 ~~Thames~~ Sharp St.

D. C. Lavery, H. I. Bardley M. D.
Medical Attendant.

Address 47 Canary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Tiet

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 23 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Baker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 191 Frederick Av.

Cause of Death, First (Primary,) Cancer of the liver complicated

Second (Immediate,) with tuberculosis of lungs

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th

Undertaker, John F. Pikes

Place of Business, No 66 Frederick Ave

J. G. Dorsey M.D.

Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25163.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Thornton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Smithville N. Va.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number} 49 Montgomery st.

Cause of Death { First, (Primary,) Acute Meningitis
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, May 18th

Undertaker, Nicholas Ross

Place of Business, 78 E. Main St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hewster

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 3 *Months,* 16 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 German St

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 17th 1878

Undertaker, Rau & Bartlett

Place of Business, 62 & 64 W Balto St

T Fullerton M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Bond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 Read St

Cause of Death, First (Primary,) Cancer Breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, abt one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery James A Stewart M. D.

Medical Attendant.

Date of Burial, 18th May 1878

Undertaker, Hy. W. Jenkins Son *Address* 9½ Park Ave

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederic Leopold Meiselahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 5 *Days.*

Color, white *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 2nd

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} N 277 Mulberry St

Cause of Death, First (Primary,) Enteritis and Colitis.

Second (Immediate,) General Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *A Salzer* M. D.

Date of Burial, May 18th 1878 Medical Attendant.

Undertaker, P. Kummer *Address* 165 W Lombard St

Place of Business, Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Koch Kochmer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 10 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} 111 Gaunder St.

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Suffocated by Gas Stove

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dayton Ohio

Date of Burial, 17th May

Undertaker, B. Nash

Place of Business, 41 Light St

M. C. L. M.D.

Medical Attendant.

Address, Harrison & Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special by Dr L. A. S.

[OVER.]

No. 25168

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25768

The Physician who attended any perso[illegible] said deceased, out, to the Undertaker or other person su[illegible] Street, Balt[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER C[illegible]ATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Steward

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} ~~No~~ 9. House's Court

Cause of Death, {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, May 17th 1878

Thos. A. Shaw M. D.

Medical Attendant.

Undertaker, Jacoby Davis

Place of Business, Lee St

Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr S. A. Bell

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret B. Reed

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 20 *Years,* 3 *Months,* 11 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 20 yrs. 3 mos. 11 days

Place of Death, {Give street and number.} 393 E. Eager st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4. mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1878

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

W. B. O'Reilly M. D.
Medical Attendant.

Address, 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hannibal

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 9 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 46 Harrison St

Cause of Death, First (Primary,) Chronic Inflammation Womb

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Ball^o Cemetary

Date of Burial, May 18th

Undertaker, John Teufel

Place of Business, W. Balto St No. 616.

Jno. Glover M. D.
Medical Attendant.

Address No 3 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gwyn,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 16 E. Fayette St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, May 17th 78

Undertaker, A. France

Place of Business, 250 Canton Av *Address,* Balt. & Fayette Sts

G. Glanville Rusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Lotz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kingdom Wurtemburg (Germany)

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 520 Emma Alley

Cause of Death, {First (Primary.) Heart-Disease

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 19th 1878

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave

Henry J. Boud M. D.
Medical Attendant.

Address Corner Fremont & Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Edward Turner

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Two *Years,* — *Months,* Fourteen *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 215 N Durham st

Cause of Death First, (Primary,) Spinal Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17 1878

Undertaker, Theodore Locke

Place of Business, 56 Jefferson *Address,* No 102 N Broadway

Wm. H. Claudius M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 20174

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Rossmarck.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, — Wh —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} S.W. cor. Cross & Covington Sts

Cause of Death { First, (Primary,) ——— / Second, (Immediate,) Enteritis

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, May 18th/78

{ *Undertaker,* Bernard Hale
{ *Place of Business,* 411 Eutaw St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olivia Fletcher Hahn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 46 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number} 203 Orleans St.

Cause of Death {First, (Primary,) Paralysis —
Second, (Immediate,) one Day —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Butt Cemetery

Date of Burial, May 14, 1878

Undertaker, Fry & Bro

Place of Business, 5 & 7 Broadway

A. A. Gray, M. D.
Medical Attendant.

Address, 183 Orleans.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rudrauf

Sex, Male or Female, {cross out the word not required in this line.} Male (Twin)

Age, ____ Years, ____ Months, 11 Days.

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 467 N Calhoun St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 17 1878

Undertaker, J. E. Hoover

Place of Business, Penn Ave

J Shelton Hill M. D.
Medical Attendant.

Address, 432 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25177

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nellie Richardson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female (Living)

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 467 N. Eastern Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 16 1878

Undertaker, J E Hough

Place of Business, Penn Av

J Shelton Hill M. D.
Medical Attendant.

Address, 1324 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Cameron

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, ____ *Sex,* Female

~~*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}~~

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Lancaster St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Light Loss

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, May 17th 1878

Undertaker, John C. Schuck

Place of Business, Alice Ann St *Address* 241 S Broadway

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25179

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schuman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 4 20 E. Avenue

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Prostration

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, 5 Gum Ref'd [illegible] Cath. cemty

Date of Burial, May 17th

Undertaker, H W Foehlich

Place of Business, 246 Eastern Ave

Emil E. Linville M. D.
Medical Attendant.

Address, 2196 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis' Philip Knierien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Washington street 144.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel

Date of Burial, May 19th

Undertaker, H. Goechlinh

Place of Business, 246 Eastern Ave

Certified by William Henkel M. D.
Medical Attendant.

Address S. Wolfe & 117,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Pollack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, For years private person

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 350 N. Eutaw St.

Cause of Death, First (Primary,) Nephrolithiasis.

Second (Immediate,) Uraemia

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Congregation Cemetery G. Wape. *M. D.*

Medical Attendant.

Date of Burial, May 19th 1878

Undertaker, Mr Thos J Hughes

Place of Business, 611 E Balto *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25182

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No: 25782

The Physician who attended any person in a last illness is r... *out*, to the Undertaker or other person superintending the burial ... hours after the death ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline L Davis

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* one *Months,* 22 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 190 Chestnut alley

Cause of Death, { First, (Primary,) Catarrh / Second, (Immediate,) Congest of Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1878 James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, Jas Braxton

Place of Business, Dun— *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. Baldwin (over.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

Date of Death, May 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Robinson

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, Six *Years,* *Months,* *Days*

Color, Light brown

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 21 Parrish Alley. near Saratoga St

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)}

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 17

Undertaker, Abraham Waymack

Place of Business, 30 Saratoga St

Theo. Strahan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mary Simmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 198 Hudson St

Cause of Death, {First (Primary,) Second (Immediate,)} Intestinal Inflammation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th 2 pm

E. Jones Williams M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave, *Address* 17 Saturn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Andrews.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Va.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number.} 180 Saratoga St.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Phthisis,

Duration of Last Sickness, Entire 4 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va. W. P. Morgan M. D.

Medical Attendant.

Date of Burial, May 18th 1878

Undertaker, Blackiston & Son *Address* 175 Saratoga St.

Place of Business, 606 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1084

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Dowdall

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ... 3 *Months,* ... 24 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 85 Albemarle

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem

Date of Burial, May 18th 1878

Undertaker, J. P. Byrnes

Place of Business, N. Fulton Ave

P. H. Dowdall *M. D.*
Medical Attendant.

Address, 27 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25187

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. Crawford

Sex, Male or Female, {Cross out the words not required in this line.} Male (Colored)

Age, 43 *Years,* — *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Driver Mule Car

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Near Gen 30 [illegible]

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 174 Johnson [illegible]

Cause of Death, {First (Primary,) [illegible]

Second (Immediate,) Suicide by a Pistol Shot in the Head

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 19

Undertaker, J B Cook

Place of Business, 707 west Baltimore St

[illegible] M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Rebes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* / *Months,* / *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cigar packer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} 191 S. Charles St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 17th 1878

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } [illegible] G. Mahr

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number. } 63 S. Gay St.

Cause of Death, { First (Primary,) } [illegible]

{ Second (Immediate,) } Carcinoma uteri, Cancer of Uterus

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 18

{ *Undertaker,* N. Miller

{ *Place of Business,* 86 N. Eden St.

A. H. Erich *M. D.*

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta [illegible]

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 69 *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 53 N. Wolfe st.

Cause of Death, First (Primary,) Cancer of the stomach

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 21st

Undertaker, M. Furey

Place of Business, No. 33 Bank

L. L. Daniel M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cox

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* One *Months,* two *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 188 S. Howard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Atrophy

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 18 78

Undertaker, Mueller Ross

Place of Business, 960 Way St

L. D. Fiss M.D.

Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berlin Myer

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 193. Canal St-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 193. Canal St-

Cause of Death, First (Primary,) (Pneumonia

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, U. H. Cemetery

Date of Burial, May 19th 78

Undertaker, Appia Edlace

Place of Business, 101 Gough St

D Hall Rutledge M. D.
Medical Attendant.

Address, 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

Date of Death, May 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller Deceased

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Sixty — *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 25 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~43~~ Block St. #58

Cause of Death, First (Primary,) Congestion of brain

Second (Immediate,)

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Baltic Cemetery

Date of Burial, May 19th 1878

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

D. C. Inland M.D.

Medical Attendant.

Address, Barnet E, Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Stabler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Seven *Years,* Six *Months,* ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Baltimore City~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} Carrollton Hotel

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness Six Days

All the above information must be furnished by the Physician.

Place of Burial, Friends Cemetery

Hartford Road

Date of Burial, May 18th/78

Undertaker, H. W. Hopkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lois Sevilla Brun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 119 n High st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18th 1878

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

" " M. D.

Medical Attendant.

Address 23 E "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Hosfurt

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 20 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Mt Washington Balto Co

Duration of Residence in the City of Baltimore, 3 Mos

Place of Death, {Give street and number.} 37 E. Eager St

Cause of Death, {First (Primary,) Dentition / Second (Immediate,) Meningitis

Duration of Last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Hampden Cemetery

Date of Burial, May 18th 1878

Silas W. Hunter M. D.
Medical Attendant.

{*Undertaker,* William Lloyd / *Place of Business,* Woodberry Balto Co.} *Address* 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalen Stine

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 South Carlton

Cause of Death, {First (Primary,) ; Second (Immediate,)} Cerebral Congestion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus. *Date of Burial,* May 18.

Undertaker, W. J. Diffil

Place of Business, S. Bond 151

John F. Monnonier M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Williams

~~*Sex, Male* or *Female*~~, {Cross out the words not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant Girl

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Co. Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 3 Barber's Court

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18 1878

Undertaker, S. W. Chase

Place of Business, Howard St

J. Wesley Chambers M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25799

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16 — 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Zettinger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [redacted] 9 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick city

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 82 Edmondson ave

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19 1878

Undertaker, Hughes & Co

Place of Business, 330 Hanover St

Henry D. Houck M. D.
Medical Attendant.

Address Corner of Greatmans st
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. M. Forsythe

Sex, Male or Female, { cross out the word not required in this line. } Female.

Age, 1 *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 453 Calhoun St.

Duration of Residence in the City of Baltimore, Balto

Place of Death, { Give street and number } 453 Calhoun

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 14 1878

G. H. Jones M. D.
Medical Attendant.

Undertaker, Mr Jno Feo

Place of Business, 330 Fayette St

Address, Cor Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...LANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W Myer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 4 Emery St

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 19

Undertaker, H. Borgmann

Place of Business, 45 Clay St

A. H. Penny M. D.
Medical Attendant.

Address, 76 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 25202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Junkind

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 3 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 84 Battery Ave

Cause of Death { First, (Primary,) Cholera Infantum,
Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, H. Fairview Cem'y

Date of Burial, May 19th

Undertaker, J. Hall

Place of Business, 411 Eastern Ave

L. Schuster M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. Bayner,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* four *Months,* —— *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimoreville Balto. Co.

Duration of Residence in the City of Baltimore, 3 months,

Place of Death, {Give street and number.} No. 64 Biddle st.

Cause of Death, {First (Primary,) Cholera Infantum,
Second (Immediate,)

Duration of Last Sickness, one week,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1878

Undertaker, Wm. H. Bishop

Place of Business, 9th & Druid Hill Ave.

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph George Bern

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* Fourteen *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore "

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number. } No. 449 Lexington Street

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 19

Chas M Nash M. D.
Medical Attendant.

{ *Undertaker,* J B Cook / *Place of Business,* 707 west Baltimore st } *Address* 306 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franck Charles Caspare.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Nine *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 9 Days.

Place of Death, {Give street and number.} (Alley) Saratoga St. above Poppleton St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Asthenia.

Duration of Last Sickness, 48 Hours —

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, May 19 1878

Undertaker, P Kimmel

Place of Business, Mulberry St.

Charles W Crapper M. D.
Medical Attendant.

Address 343 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram C. Stout

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 38 Valley st.

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) one Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker, Henry Means

Place of Business, N. Gay st.

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 106 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kerst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Hampstead Street

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Paulus Cemetery

Date of Burial, May 19th 1878

Undertaker, Leonhard Kurr

Place of Business, S. Bond & Fell Sts.

Charles E. Thomas M. D.
Medical Attendant.

Address 55 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gurdorff

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* 0 *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Hollins St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Hillsborough cemetery

Date of Burial, May 20th 1878

J. H. Weidman M. D.
Medical Attendant.

Undertaker, J. B. Loch

Place of Business, No 707 W. Baltimore Street Address 120 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

No. 1878

BALTIMORE.

Board of Health, City of Baltimore,

Permit No. 25246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Cosgrove

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} ____

Cause of Death, First, (Primary,) ____

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 19, 1878

Undertaker, H. A. Darzer

Place of Business, 94 S. Broadway

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of This.

1878 BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 16th 1200 A. M. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. L. Jones

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 28 *Years,* 11 *Months;* 27 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 304 E. Pratt Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Y. Phil. Road

Date of Burial, May 19 1878

Undertaker, H. D. Darcy

Place of Business, 44 S. Broadway

Jno. E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

BALTIMORE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy E. Stevens,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hatteras Co. N.C.

Duration of Residence in the City of Baltimore, Ten years,

Place of Death, {Give street and number} 106 Fourth court N.C.

Cause of Death, First, (Primary,) Pernicious Anaemia

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19 1898

Undertaker, H. A. Dargin

Place of Business, 74 E. Broadway

G. Glanville Funk M. D.
Medical Attendant.

Address, Balt. & Hach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Alicia Shapin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charleston S C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 John st

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Charleston. S. C. F. L. Miles M. D.
Medical Attendant.

Date of Burial,

Undertaker, H & J. W. Jenkins & Son *Address* 24 Cathedral st

Place of Business, 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granite 1689

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Kelly

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 30 *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State in country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 64 Raburg St

Cause of Death, { First (Primary,) Congestion of the Brain Connected with the last month of pregnancy
Second (Immediate,) Convulsions

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery — Geo. G. Brewer M. D.

Medical Attendant.

Date of Burial, May 19 1878

Undertaker, S. H. Shaw

Place of Business, 8 Howard St — *Address* 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16 May 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hansbury

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 9 *Years,* — *Months,* 8 *Days*

Color, Blue

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 277 N Biddle

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) —

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19 1878

Undertaker, S M Chase

Place of Business, 8 Howard St

C G Saunderson M.D.
Medical Attendant.

Address, 129 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 - 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, House servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis - Md —

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} Whitelock St near Townsend —

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Asthma

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, May 19 1878

Undertaker, S W Shaw

Place of Business, Baltimore

John T. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Fisher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) [illegible]

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Spring Grove Cemetery

Date of Burial, May 19th 1878

Undertaker, Leonard Vetter

Place of Business, S. Bond St. cor. Lombard

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Henry Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 142 S. Eutaw St

Cause of Death, {First (Primary,) Hives Enteritis

Second (Immediate,) Meningitis

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 19th

{*Undertaker,* Abraham Haymon

Place of Business, 30 Saratoga St

A. McC. Gallion M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Slade

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Two (2) *Years,* Four (4) *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 883 N Paca St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Congestion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 21st 1878

Undertaker, J. Kimmel

Place of Business, 311 Mulberry St

W G Keyser M.D.
Medical Attendant.

Address, 17 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Ackwell

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 297 Robert Connelleries (Bram Rouble)

Cause of Death, {First (Primary,) .....

Second (Immediate,) .....} 4 weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Century

Date of Burial, May 19

Undertaker, Wm H. Madden

Place of Business, 335 Monroe

Thomas Obie M.D.
Medical Attendant.

Address, 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

HEALTH DEPARTMENT MAY 1878 BALTIMORE

Permit No. 25220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hobbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 5 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Builder or Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Maryland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 27 George St

Cause of Death, First (Primary,) Senility

Second (Immediate,) Asma with general feebleness

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 21st 1878

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Alexandra Hamilton

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15 *Days.*

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 N. Paca St.

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 20th 1878

Thomas Shearer M. D.
Medical Attendant.

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina, O. Hauer

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 20 Davis St- Balto. Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 20 Davis St-

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Inanition

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20th @ 3 o'clock

Undertaker, Jacob Muller

Place of Business, No 21 Harrison St

Edwards M. D.
Medical Attendant.

Address 57 & Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25223.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jennie Barbary Schoepflin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, One *Years,* two *Months,* — 4 — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, — Two weeks —

Place of Death, {Give street and number} No 944 Pleasant St

Cause of Death, First, (Primary,) (Tubercular) Meningitis

Second, (Immediate,)

Duration of last Sickness, — 12 days —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Burying Ground

Date of Burial, May 20th

Undertaker, Henry Deis

Place of Business, 272 Aliceanna St

Thomas J. Evans, M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully called to the Law requiring the Certificate of Death to be filled out accurately.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Farrell

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twenty two *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Fayette & Eutaw Sts.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) congestion of the brain

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 20 1878

Undertaker, P. James, P. Byrne

Place of Business, No 63 & 65 Front St

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry's.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Heinrich Louis Kehne

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 8 *Months,* *Days*

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hamburg Street /335/

Cause of Death, First (Primary,) Inflammations of bowels

Second (Immediate,) Weakness

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 May

Undertaker, H. Briele

Place of Business, Henriette N

L. F. Reinhard M.D.

Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and conditiou (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Date of Death, May 19th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Wilson,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 2 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 78 Lancaster St,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Philad Road M.E. cemetery

Date of Burial, May 20th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

J. J. Sullivan M. D.
Medical Attendant.

Address 116 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2522 7

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 BALTIMORE

Date of Death, 18th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra A. Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 2 —

Place of Death, {Give street and number.} 1832 N. Calvert St

Cause of Death, First (Primary,) Basilar Meningitis

Second (Immediate,) Cerebral Effusion —

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 20 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Gust. Van Bibber M. D.
Medical Attendant.

Address 44 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph ~~Rourke~~ Rourke

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and number.} 10 Clark St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 20th 1878

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St

J. H. Keller *M. D.*
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th May 1878 at 6 o'clock

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lisp May E. Lorraine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 8 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city,

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Baltimore near gas house

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill park Cem. C. L. Richardson M. D.

Date of Burial, May 20th Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address* 302 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Porter Douglass

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 N Poppleton st

Cause of Death, {First (Primary,) Meningetis

{Second (immediate,)

Duration of Last Sickness, Abont 21 day

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, May 21" 1878

Undertaker, John H. Cook

Place of Business, 709 W. Baltimore st

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor[illegible]

Permit No. 25231

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi[illegible]ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Eberle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} Balto. Infirmary. Cor. Green & Lombard.

Cause of Death {First, (Primary,) Phthisis.

{Second, (Immediate,) Asthenia.

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, May 20th /78

E. A. Choaculer M. D.
Medical Attendant.

Undertaker, L. G. Gourde

Place of Business, Supt. Westcott Cemetery *Address,* Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible]uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 65 Ledenhall St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Abscess of the Groin

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Short St Cemetery

Date of Burial, May 22nd 78

Thurston Cod & M. D.
Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, 146 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 187[illegible] BALTIMORE

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Ellis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 13 Winter St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 20th 1878

Undertaker, Jacob Davis

Place of Business, 103 Hill St

Theodore Cook M. D.
Medical Attendant.

Address, 74 E. Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Date of Death, May 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha McCullough

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Derry Co. Ireland 25 Years

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 56 N. Bond St. Hemiplegia

Cause of Death, {First, (Primary.) Second, (Immediate,)} 3 Weeks

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 21 1878

Undertaker, John L. Andrews

Place of Business, 416 Orleans

James E. Donnelly M. D. Medical Attendant.

Address, 211 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25235 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie V. Rowe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 100 N. Broadway

Cause of Death, First (Primary,) Endocarditis

Second (Immediate,) Congestion of the Lungs,

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, May 20. 1878

Undertaker, M. A. Daye

Place of Business, 74 S. Broadway

J. R. Uhler M. D.
Medical Attendant.

Address 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25236

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878 @ 6:10 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Flowers

Sex, Male or Female, { Cross out the words not required in this line. } F

Age, ... *Years,* Two (2) *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } No 14 N. Appleton St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 14 N. Appleton St.

Cause of Death, { First (Primary,) Indigestion / Second (Immediate,) Prostration

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 20th 1878

{ *Undertaker,* John Schacher / *Place of Business,* No 150 Camden

Emil Deutsch M.D.

Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 25237

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Williams

Sex, Male or Female, {cross out the word not required in this line.} ..... Female

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ..... Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} ..... 446 Gilmor

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, May 21st

Undertaker, H. Locklair

Place of Business, 246 Easton Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 25238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Cooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Hamburg st

Cause of Death, {First (Primary,) Second (Immediate,)} Heart-Disease. (Angina Pectoris)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Evgl. St. Paul Cem. *Date of Burial,* May 20th 1878

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, H. Fockler *Place of Business,* 246 Eastern Av. *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 25239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orphan taken from Bay View

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ Years, — Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bay View asylum

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number} 162. Eastern Avenue & Caroline

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, May 20th 1878 Jas. A. Steuart M. D.

Undertaker, Pat. Mullin

Place of Business, Cambridge Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. J. F. McShane

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No: 25240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Weddeler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 2 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 94 McKim St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Asthenia

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 21 1878

Undertaker, H. F. Means

Place of Business, N. Gay St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr S. W. Hunter [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 25241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaret Baptiste

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 55 S. Washington

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cemetery

Date of Burial, May 21st 1878

F. A. McManus M. D.
Medical Attendant.

{*Undertaker,* Foy & Son

Place of Business, 542 Broadway *Address* 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

Permit No. 25242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hammond

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ferry-man

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Balto: Infirmary

Cause of Death, {First (Primary,) Comp: Con: Pneh: of lbg.

Second (Immediate,) Gangrene

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, 21 May

Undertaker, J. Hall

Place of Business, 411 Light St

E. A. Chancellor M. D.
Medical Attendant.

Address, Balto Infirmary
Corn. Green & Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

Permit No. 25213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sibylle Smith

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 17 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 104 Pine Street

Cause of Death, {First (Primary,) Enteritis

Second (Immediate,) General Exhaustion one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24 1878

Undertaker, P. Hummel

Place of Business, Mulberry St

Henry Salzer M.D.
Medical Attendant.

Address, 168 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lennon

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 95 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 155 Preston st

Cause of Death, {First (Primary,) old age

Second (Immediate,) unknown

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, May 21st 1878

Undertaker, Jas L. Chalmers

Place of Business, 338 Penn'a Av

Geo E Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

HEALTH DEPARTMENT MAY 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19—1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Talcia Jeffries

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventeen *Years,* —— *Months,* —— *Days.*

Color W —— *Sex,* ——

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 20 S. Stockton ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, (About) Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 20th 1878

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Wm N. Dunger

Place of Business, No 10 Stockton Aly *Address* 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAY 20 1878

Date of Death, May 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Barbour

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} Aged Mens Home

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md.

Date of Burial, 21st May 1878

Undertaker, Hoy. W. Jenkins Son

Place of Business, 16 Light st.

Geo H. Taylor M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1090

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Osborn

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anna Arundle co. Md.

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} 76 Pow St.

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Anna Arundle Co.

Date of Burial, May 22th '78

Undertaker, M. France

Place of Business, 280 Canton ave

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Nichols

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 94 N. Dallas St.

Cause of Death, First (Primary,) Fracture of skull by kick of horse

Second (Immediate,) Inflammation of brain

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John S. Lynch M. D.
Medical Attendant.

Date of Burial, May 21, 1878

Undertaker, Wm. A. Jungle

Place of Business, c/o 62 East st *Address* 101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia L Hosmer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md,

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 48 Fulton St,

Cause of Death, First (Primary,) accidental death, from

Second (Immediate,) Chloryon, taken to relieve pain,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, May 23rd 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

Geo C Lyle Coroner M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha V. Ragline

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 0 *Years,* 4 *Months,* 11 *Days*

Color, colt

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 23 Federal st

Cause of Death, {First (Primary,) Inflam. of Bowels.

Second (Immediate,)

Duration of Last Sickness, 6 days –

All the above information should be furnished by the Physician.

Place of Burial, Hounden Balto Co

Date of Burial, May 22nd 1878

Chas L. Tannyhill M.D.

Medical Attendant.

Undertaker, John J. Andrews

Place of Business, No 456 Druid Hill Avenue

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20 '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 46 Diamond St

Cause of Death, {First (Primary,) Dropsy / Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 21 1878

Undertaker, John C Jordan

Place of Business, 63 Park Ave

D. H. Kelly M. D.
Medical Attendant.

Address 84 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 20th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elias Wagers

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 68 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 181 E Front St

Cause of Death, { First (Primary,) Asphyxy / Second (Immediate,) }

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount S. T. Coyner M. D.

Date of Burial, May 22nd Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25253,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Whitten

~~Sex. Male or~~ Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 146 E. Register St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, May 22nd 1878

R. W. Mansfield M.D.
Medical Attendant.

Undertaker, Heughes & Co

Place of Business, 65 S Broadway

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 252524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 yrs -

Place of Death, {Give street and number.} 180 S. Ann St.

Cause of Death, First (Primary,) Haemoptysis

Second (Immediate,)

Duration of Last Sickness, 6 hrs -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 22nd 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 25255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Walker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 20 *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 12 Rose St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis with Cardiac trouble

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21st 1878

Undertaker, Wm H. Bishop Jr

Place of Business, 97 Druid Hill Ave.

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Gilmore Bullen

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 St. Mary's St.

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21st 1878

Undertaker, Wm H. Bishop Jr

Place of Business, 99 Druid Hill Ave.

Wm. H. Buckler, M. D.
Medical Attendant.

Address 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Reynolds Pusto

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ... *Years,* 11 *Months,* 7 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 233 Franklin St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Dysentery

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22nd 1878

Undertaker, L. F. Roane

Place of Business, Balto & Fremont Sts.

W. P. Logsdon M.D.

Medical Attendant.

Address, 1 W. Fayette St Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25258

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 25258 25258 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Bowman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Hamburg St & Ohio Ave

Cause of Death, {First, (Primary,) / Second, (Immediate,) Cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 22 1878 James A Steuart M. D.
Medical Attendant

Undertaker, Jacob Davis

Place of Business, Lee St

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Chas Bonsley

[OVER.]

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Woodruff

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} North Charles St

Cause of Death, {First (Primary,) (Chronic nephritis) Second (Immediate,) Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 23d 1878

Thos C Donovan M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Howard

~~Sex,~~ Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Long Green Balti. Co.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 7. Young's Court.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, May 22d 1878

Undertaker, Frey & Son

Place of Business, Broadway

W. B. O'Reilly *M. D.*
Medical Attendant.

Address, 235. E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizette Ingemeyer

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.} Female

Age, 71 *Years,* 10 *Months,* — *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany { 28 years }

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 261 N. Fremont St

Cause of Death, First (Primary.) Chronic Catarrh & Emphysema pulmon.

Second (Immediate.) Exanition.

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 23rd May

Undertaker, Ph. Siegwald

Place of Business, 35 S. Eutaw St

Rullmann M.D.
Medical Attendant.

Address, 137 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 21. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. V. Hickman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* 6. *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Mulberry

Cause of Death, {First (Primary,) / Second (Immediate,)} Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gen. L. St. Paul B. G.

Date of Burial, May 22d 1878

Undertaker, John Schnettler

Place of Business 159½ Mulberry St

Louis C. Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

Date of Death, May 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John White

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Caulker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 13 S. Dallas St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) .....

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 21st 1878

James E. Donnelle M. D.
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 56 Jefferson *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attent...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine M. Groening

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} female

Age, 42 *Years,* 6 *Months,* 8 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} widow

Occupation, housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lesberg, Germany, Wurtemburg 17 years,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Knap al,

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) " "

Duration of Last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Lutheran Cemetery

Date of Burial, May 22nd 1878

Undertaker, Adam Heidemeyer

Place of Business, 518 W. Baltimore Str.

H. K. Fletterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atte

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Frank

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* 29 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S. W. Corner Jefferson & Bethel St

Cause of Death, First (Primary,) Miscarriage

Second (Immediate,) Puerperal fever

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May 22 - 1878

Undertaker, Geo. C. Kessler

Place of Business, 399 E. Eager st

John S. Lynch M. D.
Medical Attendant.

Address No 1. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attent...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Madden

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} female

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} married

~~Occupation~~, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 11 Cuba St.

Cause of Death, First (Primary,) Hemorrhagic Variola

Second (Immediate,) .....

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents C.

Date of Burial, May 22d

Undertaker, B. Hagle

Place of Business, 411 Light St.

Wm. G. Guest, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Fu...

Board of Health, City of Baltimore,

Permit No. 25267 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Caroline Co. Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 177 McCulloh St.

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, 1st weeks,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 22d 1878

Undertaker, Jas L. Chalmers

Place of Business, Penn Ave Address 1 Cathedral St.

Felix Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore

Permit No. 25268

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Harris

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 135 Mulliken St

Cause of Death { First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 22 1878

Undertaker, H. & S. Dungee

Place of Business, No 62 East St *Address,* 137 Orleans

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attei...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 25269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia Clarke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* *Days.*

Color, ld *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the ... not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 27 Neighbor St

Cause of Death, {First (Primary,) Tubercular Miningitis Acute
Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo R Reynolds M. D.
Medical Attendant.

Date of Burial, May 22 d 1878

{*Undertaker,* Wm. N. Dangel *Address* 43 North Calvert St
{*Place of Business,* No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Atten...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 28270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rops

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, 7 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sing...

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No 35 Lancaster St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Hyperpyrexia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 22 "1878

John S. Lynch M. D.
Medical Attendant.

Undertaker, M. Funk

Place of Business, 35 Bank St *Address* 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No: 25271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kelly

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number} 62 S. Fulton

Cause of Death, First, (Primary,) Phthisis Pulmonalis —

Second, (Immediate,) Since Birth

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 22nd 1878

Wm R. McKinney M. D.
Medical Attendant.

Undertaker, Joseph J Byrne

Place of Business, 59 n Liberty *Address,* 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 25272

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 22
1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Loppler

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 36 S. Dallas

Cause of Death, First (Primary,) Phthisis Tuberculosa

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 23. 1878

Undertaker, L. Paul Koenig

Place of Business, 31 E. Fayette

J Mathews M.D.
Medical Attendant.

Address, 248 S. Milton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 25273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 87 N. Spring St

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) all its Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 22 1878

Undertaker, Chas Locke

Place of Business, Jefferson

Chas A. Stewart M. D.
Attending

Address, Comm of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Ed Geo Walls

The Special Attention of Ph... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Hunter

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 427 Hamburg St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Diarrhoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 23d 10 A M

Undertaker, Lehr & Harold

Place of Business, 170 Park St

A. H. Curran M. D.
Medical Attendant.

Address, 76 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 22 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gordan Bollman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis

Duration of Residence in the City of Baltimore, 10 days.

Place of Death, {Give street and number.} 367 Eager Street.

Cause of Death, First (Primary,) ...

Second (Immediate,) Convulsion & Spasms.

Duration of Last Sickness, always very Delicate

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd 1878

Undertaker, Jos B. Cook

Place of Business, 797 W. Balto st

E° M Jamney M. D.
Medical Attendant.

Address E° M Jamney MD
Patapsco & Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Some Years

Place of Death, {Give street and number.} Church Home Infirmary N. Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23. 1878

Undertaker, W. A. Daiger

Place of Business, 74 S. Broadway

T. D. Crain M. D.

Medical Attendant.

Address Church Home Infirmary N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Love Shaw

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* 4 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 192 E. Chest. St.

Cause of Death First, (Primary,) Obstinate Constipation

Second, (Immediate,) Peritonitis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24. 1878

Undertaker, M. A Dargin

Place of Business, 74 S. Broadway

G. G. Rusk M. D.
Medical Attendant.

Address, Balt. & Wash. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Spec... ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sarah Anne Boland

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May 22nd 78

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 weeks 2 *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 358 McDonogh St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 358 McDonogh St. near Chase

Cause of Death, ~~First (Primary)~~ Twin Child Marasmus

~~Second (Immediate)~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 23 of May

Undertaker, Adam Fink

Place of Business, 461 North Gay St

Address 241 S. Broadway

D. D. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marina Ratto

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6 Aliceman St

Cause of Death { First, (Primary,) ____ Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, Six days (under my care)

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 23rd 1878

Undertaker, J James, B. Payne

Place of Business, N 63 n Front St

A Reynolds Shortzer M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Yeanley

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, Eleven *Years,* Eleven *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 180 N. Caroline St.

Cause of Death { First, (Primary,) Abcess, (Tumor,) Second, (Immediate,) Hemorrhage

Duration of last Sickness, Six Hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th

Undertaker, Geo. Schilling

Place of Business, Ashland Eyi... *Address,* No. 102 N. Broadway

Wm H. Glendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2528 /

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Schmidt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} S. Coll. Ave

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 23

Undertaker, W. Bispel

Place of Business, S. Bond at 164

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Wash. Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attend

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Valz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19. *Years,* *Months,* *Days.*

Color, White. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 242 S. Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Ex. Laceration

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, S. Matthews Cemetery

Date of Burial, May 24th 1878

Christopher Grafton M. D.
Medical Attendant.

Undertaker, Leonard Veirs

Place of Business, S. Bond St. No 227. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Keegan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 154 N Calvert St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, About 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, May 22d 1878

Ruffin Buckler M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front St

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22d

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Donnelly

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 154 N Calvert St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 32 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 23d 1878

Undertaker, Lee & Byrne

Place of Business, 63 Front St

Ryan Buchler M. D.
Medical Attendant.

Address 135 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Linn

~~*Sex*~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 112 ~~Hanover~~ York St

Cause of Death { First, (Primary,) / Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th Rhesdon Coots M. D.
Medical Attendant.

Undertaker, F. N. Toll

Place of Business, 131 Hanover St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Susan Bullen

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Forty *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 298 N. Eutaw St. Baltimore

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 20 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 24th 1878

A. C. Dey *M.D.*
Medical Attendant.

Undertaker, Childs & Sons

Place of Business, 298 Eutaw

Address, 154 Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is respo[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary N. Lee

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 5 *Months,* ~~~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7c Oxford St

Cause of Death, First, (Primary,) Inflammation

Second, (Immediate,) Inflammation

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, May 23 1878 Jas A Steuart M. D.

Undertaker, Jas Braxton

Place of Business, Druid Hill Av *Address,* Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Examined by Dr. S. Baldwin

No. 25288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person ... sooner, if requested so to do, under p... law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lacy Ferryman

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Female

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Chesnut Alley near Stricker

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Congest of Brain

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d 1878

James A. Steuart M. D.

Attending Physician.

Undertaker, W. H. Dreyer

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. Baldwin

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Haleh

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Fifty *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Wednesday May 22nd 78

Undertaker, D. E. Keogh

Place of Business, Penna Ave nr Lemmon st

J. Wesley Chambers M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attenti… …ertificate.

Board of Health, City of Baltimore,

Permit No. 25290 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brauer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 84 *Years,* 1 *Months,* 6 *Days.*

Color, white *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Watchmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 76, N. Biddle St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion of vital power.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Luther's Cemtry

Date of Burial, May 23d 1878

Undertaker, Adam Waidelmeyer

Place of Business, 518½ W. Baltimore Str

Dr Morris Stiner M. D.
Medical Attendant.

Address 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The SPECIAL ATTENTION of ... OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2529/

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna May Thomas.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, X *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. 8 months.

Place of Death, {Give street and number.} 288 Canton Ave.

Cause of Death, First (Primary,) Double Pneumonia

Second (Immediate,) Apnoea

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, May 23 1878

Undertaker, Henry Saunders

Place of Business, Canton Ave

D L ... *M. D.*
Medical Attendant.

Address 26 ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, may 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Zapf.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Confectionery

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 38 S Exeter.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May ~~24~~ 24th

Abram B Arnold M.D.
Medical Attendant.

Undertaker, Conrad Kimball

Place of Business, 1100 Park ave.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION [illegible] CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Snyder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 3 *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 96 Ramsay St

Cause of Death, {First (Primary,) Consultation Disease of Heart

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, May 24th 1878

Undertaker, Jos B. Cook

Place of Business, 767 W. Balto St

A. M. Colburn M. D.
Medical Attendant.

Address 369 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Estelle Boulden

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, do

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 57 State Street

Cause of Death, {First (Primary,) Diarrhoea

{Second (Immediate,) Enteritis

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 1878

{*Undertaker,* Jas Braxton

{*Place of Business,* Druid Hill

Jas A Scarff M.D.
Medical Attendant.

Address, 80 Exchange St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

Date of Death, May 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Michael

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 246 E. Chas. St

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Infantile Lockjaw

Duration of last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24th 1878

Undertaker, George Jacobs

Place of Business, 1038 W. Pratt

Thomas Cole M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25296.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Howard Reisinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 N. Sharpen St

Cause of Death, First (Primary,)

Second (Immediate,) Gastro-Enteritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. J. W. H. Hank M. D.
Medical Attendant.

Date of Burial, May 24

Undertaker, C. W. Shryock *Address* 369 Druid Hill Ave.

Place of Business, 201 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention o… …of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25297.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23/78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Rosenthal,

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 8 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 32 Pennsylvania ave

Cause of Death, First (Primary,) Diphtheritic Croup,

Second (Immediate,) "

Duration of Last Sickness, four days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, May 24th 1878

Undertaker, M. Rosenthal

Place of Business, Penn[a] Ave

Address, 77 George St,

per R. Fetterhoff M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

Date of Death, May 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth White

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days*

Color col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 3 years 8 1/2 months

Place of Death, {Give street and number.} Chestnut 126 (Street)

Cause of Death, {First (Primary,)} Scrofulus & remmoni

{Second (Immediate,)} Convulsions

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Farrel cemetary

Date of Burial, May 24/878

{*Undertaker,* Charles A White

Place of Business, 35 Granby st

E C Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Ph... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

Date of Death, May 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} Balto Infirmary, Green & Lombard

Cause of Death First, (Primary,) Heart Disease — (Endocarditis)

Second, (Immediate,) Dropsy

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1878

Undertaker, John B Jordan

Place of Business, 63 Park Ave

E. D. Chandler M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hall

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York city

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} E Monument 355

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24th 1878

Undertaker, Geo Schilling

Place of Business, Monument St

E G Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten… …his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

Date of Death, May 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Batson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emmitsburg, Md

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} No 70 Market Space

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Colliquative Diarrhoea

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 24th 1878

Undertaker, James D Byrne

Place of Business, No 63 S Front St *Address*

Jos V. Cooman M. D.
Medical Attendant.
No 70 Market Space

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hackey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Sixty Eight *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single ~~Widower~~

Occupation, Drayman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} City - Hospital

Cause of Death, First (Primary,) Atheromatous Condition of Arteries

Second (Immediate,) Apoplexy

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 "

Undertaker, Hercules Boss

Place of Business, 95 Conway St

Wm Gambrel M.D.
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Jones

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 9 Months *Years,* ~~Years,~~ *Months,* ~~Months,~~ ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 14 Lee St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 24th 1878

{*Undertaker,* Armstrong & Denny

Place of Business, # 263 Light St

H. H. Webster M.D.
Medical Attendant.

Address, 67 Barre St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25304

The Physician who attended [illegible] responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other pers[illegible] deceased, or sooner, if requested so to do, under [illegible].

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rudolph Vobe

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 126 S. Eden St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) "

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, 1st Luth St Paul's

Date of Burial, May 24 1878 James A Clemens M. D.

~~Medical Attendant.~~

Undertaker, H. Fowlkes

Place of Business, Eastern Ave *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. C. M. Morfit

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Washington Reid Sisko

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *10 Months,* *23* *Days.*

Color, W. to

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 10 Months 23 Days

Place of Death, {Give street and number.} 181 Richmond st

Cause of Death, First (Primary,) Colored Infantum

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th Rect St Paul Cemty

Date of Burial, May 24th 1878

Undertaker, H C Trocklish

Place of Business, 246 Eastern Av

Sml Enterline M. D.
Medical Attendant.

Address 582 W Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden R. Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 86 Hanover

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 24 1878

Undertaker, S. W. Shaw

Place of Business, 8 Howard St

S. Tilghman M. D.
Medical Attendant.

Address 28 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25307

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Griffin

Sex, Male or Female, {cross out the word not required in this line.}

~~Age~~, ~~Years~~, 3 *Months,* ~~Days.~~

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number} No 3 Baker St.

Cause of Death, {First, (Primary.) Gastritis
Second, (Immediate.)

Duration of last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 1878

Undertaker, Wm Gehart

Place of Business, Monument St

H L Shiver *M. D.*
Medical Attendant.

Address, 375 N Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Sixty six *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co Maryland

Duration of Residence in the City of Baltimore, Forty four Years

Place of Death, {Give street and number.} No 794 Montgomery st.

Cause of Death, First (Primary,) Asthma Complicated

Second (Immediate,) Apoplexy

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 1878

Undertaker, S. W. Chaver

Place of Business, 8 Howard st

L. L. Dyer M.D.
Medical Attendant.

Address, 146 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Act... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard J Potter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 1 *Months,* *Days.*

Color, Col *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Greensborough Caroline Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} Corner of Saratoga and Courtland St

Cause of Death, First (Primary,) Abscess of the Liver

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, May 22. 1878

D. Gilcomb M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Hanover St *Address* 53 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Holmes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 7 *Months,* *Days.*

Color, light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 year & 7 months

Place of Death, {Give street and number.} No 82 Morris Alley

Cause of Death, {First (Primary,) unknown

Second (Immediate,) Dyptheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 22 1878

{*Undertaker,* S W Chase

Place of Business, S Howard St

B F Bohner M. D.
Medical Attendant.

Address Cor Dolphin & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Affayroux

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, / *Years,* 4 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 53 Greenmount Ave

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 25th 1878

Silas N. Hunter M.D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, Central Ave. between Eager & Chase Sts.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special A... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24 th of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Diderick Winterlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 12 *Days.*

Color, white *Sex,* mal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, No 232 South Dallas Aud

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, May 24th 1878

Undertaker, Leonhard Feurz

Place of Business, N. Bond St. No 275

Dr. Charles Koerner M. D.
Medical Attendant.

Address No 214 Corner Bond & Fortiffication

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday May 23d 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Francis Woods

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 1 m *Months,* ..... *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 94 Orchard St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) .....

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24

Undertaker, A Wyman

Place of Business, 57 Lombard

E Shipley M. D.

Medical Attendant.

Address 57 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special A... ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Gaylord

Sex, Male or Female, {Cross out the words not required in this line.} F

Age, 2 *Years,* 2 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 15 Hunter St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, not Less than 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1878

Undertaker, Wm. N. Dunges

Place of Business, No 62 East St

Chas. Wm. Holt M.D.
Medical Attendant.

Address, 15 Hunter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25315

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 52 E. Chapple St.

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, May 25-1878

Undertaker, Charles A White

Place of Business, 35 Granby st

Saml E. Donnelly M. D.
Medical Attendant.

Address, 926 E Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund J Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 Park St

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 25th May. 1878

Undertaker, H & J. W. Jenkins & Son

Place of Business, 16 Light St.

Felix Jenkins M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanne L. A. Lohmeyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 4 *Months,* 14 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} 434 W. Baltimore

Cause of Death, {First (Primary,) ——— Second (Immediate,) Coal oil explosion.

Duration of Last Sickness, Twenty hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 25

Undertaker, Wm H. Hartmann

Place of Business, 26 Bank St

A. F. Erich M.D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie J. Hays

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four (4) *Years,* — *Months,* *Days.*

Color, Black *Sex,* — —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 61 Stockholm St

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1878

Geo D Blake — M. D.
Medical Attendant.

{~~Undertaker,~~ Thos. Hays
Place of Business, 61 Stockholm St *Address* 120 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gaines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty three *Years,* — *Months,* — *Days.*

Color, Dark *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} Cor N. E. Park Ave & Mosher

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E R Bacon M. D.

Medical Attendant.

Date of Burial, 26th May

Undertaker, Mercer Ross *Address* 142 Bolton

Place of Business, 95 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 25920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Hawkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 3. Cross alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 3 Cross alley

Cause of Death, First (Primary,) Ulcera Infantum

Second (Immediate,)

Duration of Last Sickness, 7 da.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1878

Undertaker, C. W. Chase

Place of Business, 1 Hanover st

H. E. Stewart M. D.
Medical Attendant.

Address Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Laura Hoch

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 130 Johnson St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 130 Johnson St

Cause of Death { First, (Primary,) Membranous Croup
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Geo. W. Dunson M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

Date of Death, 25th May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schaffer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Foreign birth~~ Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 791 Hanover St

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Conf. Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26th

Undertaker, B. Earle

Place of Business, 711 Light St

H. W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry D. Dall,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 4, *Months,* 20, *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 245 Lanvale Street,

Duration of Residence in the City of Baltimore, Life,

Place of Death, {Give street and number.} 245, Lanvale Street,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,) " "

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Harvey L. Byrne M. D.

Medical Attendant.

Date of Burial, May 26

Undertaker, J B Cook *Address* 139 Washington Ave.

Place of Business, 707 West Baltimore Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attend... ...his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

Date of Death, May 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E Kendall

Sex, Male or Female, {Cross out the words not required in this line.} —

Age, 1 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 19 Albemarle St

Cause of Death, First (Primary,) Gastro-Enteritis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 26th 1878

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St

G. S. Reynolds & J. Daniels M. D.
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 May 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thompson

Sex, Male or Female, {Cross out the words not required in this line.} ~~Male~~ Female

Age, — *Years,* 7 *Months,* — *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cor. Cathedral & Federal

Cause of Death, First (Primary,) Consumption (of bowels)

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 25th 1878

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw St

C. A. Tansyhill M.D.
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Schlenker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 4 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 214 Eastern ave.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, Twenty-two hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetay

Date of Burial 24 East Evune

Undertaker, H. Sander

Place of Business, 252 Cat. Evune

Nicholas L. Sashiell M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Bergen Foose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Five *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 80 121 Hanford Avenue

Cause of Death, First (Primary,) Removal of Testicle

Second (Immediate,) Tetanus, Post Mortem

Duration of Last Sickness, Eighteen Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount *Date of Burial,* May 26th 1878

A. P. P. Yeates *M. D.*
Medical Attendant.

Undertaker, Andr. Leitz

Place of Business, Druid Hill Ave *Address* 132 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28328

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. O. Bachman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 William St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Unknown

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 24 1878

Undertaker, Armstrong & Leary

Place of Business, Light St

H C Noble M.D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25329,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Karll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* 20. *Days.*

Color, White. *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} N. E. Cor. David Hill Av. & Lanvale St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infant.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, May 25

A. T. Bell M. D.
Medical Attendant.

Undertaker, C. W. Shepard

Place of Business, 201 Pearl

Address 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attent...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

Date of Death, May 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Schetter

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 115 S. Regester

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, 27th May 1878

Undertaker, K. Eckhardt

Place of Business, 269 Canton ave

K. M. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leonhardt.

Sex, Male or Female, {Cross out the word not required in this line,} Male.

Age, 59 *Years,* 3 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Shoe-maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} Madison & 2nd Lt. Lemmert Ave.

Cause of Death, First (Primary,) Asthma with Heart Complication

Second (Immediate,)

Duration of Last Sickness, Few Days Month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 27th

Undertaker, Leo Schilling

Place of Business, Ashland Square

Wilmer Bouton M. D.
Medical Attendant.

Address 25 1/2 Lemmert Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Tompell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 204 McCulloh St.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,) do. - probably hemorrhage into intestine

Duration of Last Sickness, a week in bed.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, May 26/78

Undertaker, Leonard & Mauro

Place of Business, 35 Park Ave.

Wm Carey Thomas M.D.
Medical Attendant.

Address 317 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Britania Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, over 30 years

Place of Death, {Give street and number.} 31 York St

Cause of Death, First (Primary,) Decay & Enlargement of Liver

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two Months (Chronic Summer Complaint)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 26th 1878

Undertaker, Robinson & Army

Place of Business, 263 Light St *Address* 193 E. Pratt St

Wm. H. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura May Showacre

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 10 *Days.*

Color, White *Sex,* Female

Mar[illegible] Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 20 S. Calhoun St.

Cause of Death, {First (Primary,) Acute general tuberculosis

{Second (Immediate,) Convulsions

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery W. J. McDowell M. D.

Medical Attendant.

Date of Burial, May 26th 1878

{*Undertaker,* J. L. Cook

{*Place of Business,* No 707 W Baltimore street *Address* 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Atten

Board of Health, City of Baltimore,

Permit No. 25335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, (illegible)

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, S Birth

Place of Death, {Give street and number.} No 221 N Dallas

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 Days 8

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 May 10 Oclock

Undertaker, Geo. H. Rodenmayer

Place of Business, 38 Eason Street

P. Ridgway Andre M.D.

Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25336

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in his last illness is responsible for [illegible] out, to the Undertaker or other person superintending the burial, within [illegible] sooner, if required by the Health Officer, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Stanley

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 1 Knox's alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cem

Date of Burial, May 26 1878 James A Steuart M. D.

Undertaker, Wm Geo Gray

Place of Business, Mulberry St *Address,* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr H Darling

[OVER.]

The Special Atte[illegible] is respectfully invited to the remarks below, and to List of Diseases on b[illegible]te.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Savoy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 19 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Co Md

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} Wincent St. City.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1878

Undertaker, S. H. Ebner

Place of Business, 1988 Hanover St

D. C. Steiner M. D.
Medical Attendant.

Address 626 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Selby.

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 19 *Years,* 10 *Months,* 10 *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cook & Washer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 6 Temple St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Over six months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1878

Undertaker, S W Chase

Place of Business, S Howard St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Dorsey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 197 Vine St. Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 197 Vine St.

Cause of Death {First, (Primary,) Mother overlaying} {Second, (Immediate,) The result of previous Bronchitis}

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24. 1878

Undertaker, S. F. Chase

Place of Business, S. Frazier and Sons

J. Dimmett Harris M. D.
Medical Attendant.

Address, N.W. Cor Fayette & Schroeder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McDonald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland ~~15 yrs~~

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 26 Smith St

Cause of Death, {First (Primary,) Heart disease; Second (Immediate,) Dropsy}

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 27th 1878

Undertaker, Hurst & Chenowith

Place of Business, 103 Saratoga St

Chas Fawcett M.D.
Medical Attendant.

Address 42 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Field

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 167 S. Caroline Street

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 26th 1878

Undertaker, Venetian Depot

Place of Business, 518 Bound st

James L. McShane M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25342

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 26 BALTIMORE

Permit No. 25343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] May 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Percival Carney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ Two Months, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 27 Liberty Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 313 N. Hoffman

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Entero-Colitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Jersey City

Date of Burial, May 26

Undertaker, E. H. Blizzard

Place of Business, 201 E. Baltimore

Address, 307 Madison Ave

B. B. Brown, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

Date of Death, May 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E. Delahay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 94 Peach alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th

Undertaker, Hercules Bozzi

Place of Business, 95 Conway St

Ellis Maichael M. D.

Medical Attendant.

Address Cor Lee & Stayt sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

Permit No. 25364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen O. Mara

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 — *Years,* 2 — *Months,* 21 — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 12. S. Fulton St

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 27th 1878

Undertaker, John Thacher

Place of Business, No 150 Camden

Address, 582 W Baltimore

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Wolnefp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 471 north Central Avenue

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27th 78

Undertaker, C. C. Schilling

Place of Business, Fish and Oyster

Wm H Steffenderffer M. D.
Medical Attendant.

Address High St Ave 1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Hamilton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Loc. Meath Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 32 S. Chatsworth st.

Cause of Death {First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Peritonitis

Duration of last Sickness, Eight month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 28 1878

Undertaker, W. G. Watchman

Place of Business, 191 S Bond St

H. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

Date of Death, May 25th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Blyde Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 32 Etting St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 29 1878

Undertaker, Estle Blizzard

Place of Business, Penn Ave

D. Kellet M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Peyton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, *Years,* Eleven *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 Vincent Alley

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1878

Undertaker, Wm. N. Lynch

Place of Business, No 10 Stockton Alley

Geo C Gyle Comm M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schilling

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 Eastern Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Hydrops, Anasarca

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, May 24th 2 P.M.

Undertaker, Henry Snyder

Place of Business, 253 Canton Ave

J. Mathias M. D.
Medical Attendant.

Address, 241 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie McLean

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 7 *Months,* 18 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 406 Saratoga St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th 1878

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Samuel T. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Welch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 55 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number } 2nd Block

Cause of Death, { First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, May 28th 1878

Undertaker, H. M. Gebmeyer

Place of Business, 341 Canton Ave., *Address,* ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 25352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Grisiann

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* 11 *Months,* 14 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N. 21 Penn Street

Cause of Death, First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) Uraemia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, May 27th 78

Undertaker, Robt Bartlett

Place of Business, 62 ½ N. Balt St

Henry Salzer M. D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Musselman (Twin)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 377 W. Fayette St.

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and number.} No. 377 W. Fayette st.

Cause of Death, {First (Primary,) Enteritis.
Second (Immediate,) Prostration

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *J. B. Gardner* M. D.

Date of Burial, May 27th 1878 Medical Attendant.

Undertaker, Geo. Schulting *Address* 120 W. Greene.

Place of Business, August Thier

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Musselman (Swiss)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Three Months, — Days.

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 377 W. Fayette St.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No. 377 W. Fayette St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Prostration

Duration of Last Sickness, Two ~~days~~ days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *F. B. Gardner* M. D.

Date of Burial, May 27 1878 Medical Attendant.

Undertaker, Geo Schultz *Address* 120 N. Greene St.

Place of Business, Despatch Hearse

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ecwelia Schaffer

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ——— *Years,* 10 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } Exeter St. b/w Monument & Madison

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 27 1878

Undertaker, Henry Keech

Place of Business, 309 N. Eutaw St

T. R. Kemp M.D.

Medical Attendant.

Address 1 E. Eager St near Charles St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Barnes

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 E Eager st

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 28 1878

F. A. Warner M. D.
Medical Attendant.

Undertaker, Henry J Hoak

Place of Business, 304 Central Ave

Address 256 N Edmondst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hook

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 8 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and number.} 125 N Eutaw St

Cause of Death, First (Primary,) Catalepsy

Second (Immediate,) " Congestion Brain

Duration of Last Sickness, 8 or 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 27th 1878

Undertaker, Chas T Scriven

Place of Business, 2714 Eutaw St

W W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25358,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 27 1878

CERTIFICATE OF DEATH.

Date of Death, May 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhard DeBeer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 70 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Meth Ceme

Date of Burial, May 27 1878

James Lemon M. D.

~~Mother, Attendant~~

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. M. Shard [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella L. W. Scriggs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 9 mo *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 86 W Eden St

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, May 27th 1878

Undertaker, Thos. S. Hughes

Place of Business, 60 E Baltimore St.

F. E. Fooks M. D.

Medical Attendant.

Address 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mohler

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Insanity

Second (Immediate) Suicide (by cutting Throat)

Duration of Last Sickness, Six days (Gun wound)

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 27. 1878

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St.

Theodore Thompson M.D.
Medical Attendant.

Edward Warren M.D.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ____

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wallace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 6 *Days.*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 22 Sterett St.

Cause of Death {First, (Primary,) ____ Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 27th 1878

R. J. D. Tall M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Crofs sts *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Nelson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widowed or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, — 10 years —

Place of Death, {Give street and number} No 504 Canton ave

Cause of Death, First, (Primary,) (Disease of the Heart)

Second, (Immediate,)

Duration of last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem'y

Date of Burial, May 27th

Undertaker, H. C. Frechlich

Place of Business, 246 Eastern Av

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Lae Leon Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25363.

The Physician who attended [illegible] responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other [illegible] deceased, or sooner, if requested so to do.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah E. Butler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 10 Years, 11 Months, ——— Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Rear of 179 S. Sharp St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Pub. Cemet

Date of Burial, May 27 1878 James F. Cleary M. D.

~~Medical Attendant.~~

Undertaker, L. LeGourdes

Place of Business, 197 Barre St Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Dr. S. A. Bell

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [redacted]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leinbach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 32 S. Wolf Street

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 28th 1878

Undertaker, Leonhard Kurr

Place of Business, S. Gaudy's No. 277 *Address,* 277 S. Broadway

James S. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvina Lowe

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No. 18 North Patterson Park Ave.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, P. R. Methodist

Date of Burial, May 18

Undertaker, N. Duffet

Place of Business, 15 Front Street

E. P. Bruns *M. D.*
Medical Attendant.

Address, 406 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th. May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Freind

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, City

Duration of Residence in the City of Baltimore, during Lifetime,

Place of Death, {Give street and number.} S. Castle street No 6

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28

Undertaker, H. Eifel 101 Southbound

Place of Business, 15 Southbound.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe street 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F Johnston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* ——— *Days.*

Color, White ——— *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 51 Lexington Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 28

Undertaker, H Meyer

Place of Business, 106 North Howard St

J. J. Perkins M. D.
Medical Attendant.

Address 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Hays

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Nine (9) *Months,* Seven (7) *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nr 61, Stockholm St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nr 61 Stockholm St

Cause of Death, {First (Primary,) / Second (Immediate,)} diphtheria (Maligna)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, May 27 1878

{*Undertaker,* L. Legrande / *Place of Business,*

Wm. D. Blunt M. D.
Medical Attendant.

Address 14 Gerard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27th 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Joseph Byrnes

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 2 yrs *Years,* — *Months,* Twenty six *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } Commercial Wharf,

Cause of Death, { First (Primary,) Second (Immediate,) } Drowning.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y.

Date of Burial, 28th May 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anne.

W. E. Leland M.D.
Medical Attendant.

Address, Coroner E.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Illegitimate Child

Sex, Male ~~or Female~~, {cross out the word not required in this line.} (Reported by Dr John T. King)

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Stockton alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Interstitial Ames

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27 1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, S W Chase

Place of Business, Howard St *Address,* Comm of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Quinn

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} 4 Hillen St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 27 1878

Undertaker, Jah Byrne

Place of Business, 63 Front St

Chas O'Donnell *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Warfield

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co. Md.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 662 Lexington St.

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,)

Duration of Last Sickness, Seven Years

All the above information should be furnished by the Physician.

Place of Burial, Woodbine Howard County

Date of Burial, May 28th 1878

Undertaker, Jas E. Coane

Place of Business, 568 W Baltimore St

Geo G Potts Coroner M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

Permit No. 25373.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ray Semek

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 2 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 241 Randall

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 25

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M.D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard, Isaac, Infant

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3, *Months,* 5 *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 437, Eager, st

Cause of Death, {First (Primary,) Tuberculosis Phthisis

Second (Immediate,)

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 28th 1878

Undertaker, H. W. Mears

Place of Business, [redacted]

Wm. L. Russell M.D.
Medical Attendant.

Address, Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 25375

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27th 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Baynes

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Keeper of her own house

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, about 37 years

Place of Death, {Give street and number.} 162 East Eager St Baltimore

Cause of Death, First (Primary,) Sub. acute inflammation of Stomach

Second (Immediate,) debility

Duration of Last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemy

Date of Burial, May 27 1878

Undertaker, W. H. Heckman

Place of Business, Gay St

Gus A Wagner M.D.
Medical Attendant.

Address, 18 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P. Hewitt.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 394 S. Sharp St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, May 27: 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mancell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 344 E. Lombard St.

Cause of Death {First, (Primary,) cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sweet home

Date of Burial, Tuesday May 28th 1878

Undertaker, Samuel Kunkel

Place of Business, 5 E Lombard

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attent... ...Physician is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. & Emma J. Nicholdson (Parents)

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 21 hours ~~Years,~~ ~~Months,~~ ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 21 hrs.

Place of Death, {Give street and number.} # 14 Somerset st.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Cyanosis

Duration of Last Sickness, 21 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th 1878

Undertaker, Wm. R. Weaver

Place of Business, # 22 W. Fayette St

G. A. Hartwell M.D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 25379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Baty W.C.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Fifteen *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 97 ct. S. th Washington st

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera — infantum

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th 1878

Undertaker, Wm. Ivey & Bro

Place of Business, Fayette & — Broadway

M. Fullan et. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Lindsey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 127 Chesnut alley

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Summer Complaint

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, May 28th 1878

Jas. A. Steuart M. D.
~~Medical Attendant.~~

Undertaker, P. Kenny

Place of Business, Medberry St. *Address,* Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Examined by Dr. S. Baldwin

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found Nov 27 th Between 1 Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bellows

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Forty Five *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, Boatman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Abbotts Wharf Dwelling

Cause of Death, {First (Primary,) ———

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, May 29

{*Undertaker,* P. Mullin

Place of Business, ———

D. C. Ireland M.D.

Medical Attendant.

Address, Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May. 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Yochum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, fifty *Years,* — *Months,* — *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boatman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Albemarle St.

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, May 26

{*Undertaker,* T. Mullin

{*Place of Business,*

D. C. Leland M. D.
Medical Attendant.
Coroner

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25383,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. J. Henry Graeber Wides

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Years, 10 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Greenmount Ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Alphonsus

Date of Burial, 29th of May

Undertaker, Adam Fink.

Place of Business, 461 N. Gay St.

Wm. Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R Liddon

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 2 years 4 mos

Place of Death, {Give street and number.} 226. N. Wolf. st.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 28 1878

Undertaker, Wm H Tiedeman

Place of Business, 234 S. Bay St.

W. B. O'Reilly M.D.
Medical Attendant.

Address, 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Carter Morgan Carter (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 629 Light St

Cause of Death {First, (Primary,)

Second, (Immediate,) Imperfect Closure of the Fontanelle

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28th 1878

Undertaker, Mob. Hale

Place of Business, 411 Light St

Thornton Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } female child

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 d *Years,* *Months,* *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 16 Water Court

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28 1878

Undertaker, P. Kennedy

Place of Business, Mulberry St

J. H. Bond M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Frances Riley

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 76 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 132 Pearl St

Cause of Death, First (Primary,) Valvular disease heart

Second (Immediate,) do dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 31st 1878

Undertaker, Thos S Hurst Sons.

Place of Business, 611 E Baltimore St 238 Madison ave

Wm Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1918 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1918

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Viola Phipps

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four (4) *Years,* —— *Months,* Twenty two *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 110 105. Scott. Sh

Cause of Death, First (Primary,) ——

Second (Immediate,) Scalded

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 29th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address* 110 Scott. Sh

Jno. D. Sue M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Ireland

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 45. *Years,* 1. *Months,* 22. *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 608 W Baltimore St

Cause of Death, {First (Primary,) Second (Immediate,)} Apoplexie 6 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 29th

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw

Louis L. Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Ott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} Canton Avenue - 320

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculosis Pulmonum, 17 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Lutheran St Paul

Date of Burial, May 29th

Undertaker, H Frechtit

Place of Business, 246 Eastern Av

Chas Wilhelm Hensel M.D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kreiger Daniels.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... Four *Months,* Eight *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bell City

Duration of Residence in the City of Baltimore, Childs life

Place of Death, {Give street and number.} 264. N. Canal Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Johnsia Cemetery

Date of Burial, May 29 1878

Undertaker, Henry Stout

Place of Business, 204 Central Ave

H. H. Slaughter M.D.
Medical Attendant.

Address, 6 E. Eager cor Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

Date of Death, May 26 - 78 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Talbert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 14 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 4 Stockton al —

Cause of Death, First (Primary,) ? Cholera Infantum —

Second (Immediate,) Asthenia —

Duration of Last Sickness, 5 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, May 28, 1878

Undertaker, Jeff Chase

Place of Business, 3 Monument St

Jno. H. King *M. D.*
Medical Attendant.

Address 76 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Hays

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Forty one Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brickmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co Maryland

Duration of Residence in the City of Baltimore, Twenty nine Years

Place of Death, {Give street and number.} No 6 S. Offin Ave

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Asthenia

Duration of Last Sickness, Hour Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May 28th 78

Undertaker, Samuel Wilmore

Place of Business, 187 Howard St

L D Dyer M.D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Agusta Corsin~~ May 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Corsin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventeen *Years,* Ten *Months,* ——— *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Montgomery Ct.

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} 87 Harmony Lane

Cause of Death, {First (Primary,) ——— Second (Immediate,) Phthisis

Duration of Last Sickness, Year & Half

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28, 78

Undertaker, Samuel W. Elmore

Place of Business, 8 Howard St

DeLancy H Barton *M. D.*
Medical Attendant.

Address 47 Camden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

Date of Death, May 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Grace

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ~~*Years,*~~ *Months,* 9 *Days.*

Color, White *Sex,*

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 230 Ausquith St.

Cause of Death, First (Primary,) Inter Cal Meningitis

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Carmel Cem

Date of Burial, 230 Esqt St. E. Hall Ruth D. M. D.

Medical Attendant.

Undertaker, Edward Schenker

Place of Business, 114 East Fayette *Address* 151. Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish the Undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25396.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 15 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 19 S. Watkins St

Cause of Death, {First (Primary,) Concussion of the brain

Second (Immediate,) Cerebritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, May 30th 1878

{*Undertaker,* Hughes & Co

Place of Business, 652 S. Broadway

E. D. Fisher *M. D.*
Medical Attendant.

Address No 340 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of ... is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Harris

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 223 E. Lombard

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Exhaustion

Duration of Last Sickness, one (1) day.

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, May 30th

Undertaker, J. Bn. Hughes

Place of Business, Exeter & Balto

C. L. Hilton M.D.
Medical Attendant.

Address, 90 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Emeling. (Armeline)

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, ____ Years, ____ Months, 29 Days.

Color, White.

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 152 S. Bond St.

Cause of Death, First (Primary,) Thrush

Second (Immediate,) Marasmus.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29

Undertaker, Henry Sander.

Place of Business, Canton corner Broadway

A. F. Erich M.D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Merritt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 626 W. Fayette st

Cause of Death, First (Primary,) Chronic Melancholia & Chronic Enteritis

Second (Immediate.)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th May 1878

S. G. Chew M. D.
Medical Attendant.

Undertaker, H. J. W. Jenkins Son *Address* 141½ Lanvale st

Place of Business, 16 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25400

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

Date of Death, May 28th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rush

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 22 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 106 Walsh St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 29th 1878

Undertaker, John F. Andrews

Place of Business, 164 & 6 Druid Hill Avenue

D. M. Kellers M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Martin

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 368 E Fayette st

Cause of Death, {First (Primary,) Softening of the Brain &c. Second (Immediate,) Extravasation Ventricles}

Duration of Last Sickness, Invalid for years very ill 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 30th

Undertaker, Henry Sander

Place of Business, 952 Canton Ave

J. Ridgway Andrew M.D.
Medical Attendant.

Address, No 21 E Burke st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Collier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penna

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 213 S. Ann St.

Cause of Death, {First (Primary,) ... Syphilitic

Second (Immediate,) ... Seven days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29th

Undertaker, John Lake

Place of Business, No 195 P Balto St

A. F. Eriah M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Carson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty Eight *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 330 ~~W.~~ Lexington Street

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 29th 1878

Undertaker, Hughes & Co

Place of Business, 557 W. Baltimore St

Chas. H. Nott M. D.
Medical Attendant.

Address 306 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28 / 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Coleman

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Sixty four Years, *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} E Shore Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} # 157 Hollins St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) & Bruks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, May 30 to 1878

Undertaker, H B Cook

Place of Business, No 707 N Baltimore Street

J. L. Smithson M. D.
Medical Attendant.

Address, 584 W Hazelle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte W Blundellon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 40 North Calhoun St

Cause of Death, First (Primary,) Cerebral Effusion

Second (Immediate,) Convulsions, —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Everett Penn

Date of Burial, May 31st 1878

Undertaker, The Shoe & Co

Place of Business, 530 Fayette St

Capt Jones *M. D.*
Medical Attendant.

Address 528 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 0914

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Keegan

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Canton Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, May 29th 1878

James E. McShane M. D.
Medical Attendant.

Undertaker, Wm. A. Byrne

Place of Business, 63 Fawn St. *Address,* 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore — 76 N. Henry St.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} — N. Henry St. between Baltimore & Forrest Sts.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County Va. Jno G Holliday M. D.

Date of Burial, May 29 1878 Medical Attendant.

Undertaker, Peter P Pendleton *Address* Carroll P.O.

Place of Business, 66 Frederick Ave Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 25408 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lloyd Chester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, twenty nine *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} # 8 N Spring Ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) —

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, May 28th 1878

Undertaker, Wm M. Durgin

Place of Business, No 62 East St

C. R. Ramsone M. D.
Medical Attendant.

Address 111 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OR [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sewell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Co

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 13 Watson St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) .....

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician

Place of Burial, Gault Cemetery

Date of Burial, May 29

Undertaker, Wm A. Dwyer

Place of Business, 10 Hoctor Alley

M. M. Warner M. D.
Medical Attendant.

Address 40 S Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Sellers.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One Year, Ten Months, Twenty Eight Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 244 S. Broadway.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions.

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, May 30th 78

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 23 E Eaton Alley

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2514

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecka Mensbach

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* ____ *Months,* 4 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 70 Harrison Av

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Infantile marasmus —

Duration of last Sickness, all her life

All the above information should be furnished by the Physician.

Place of Burial, U. H. Benev. Soc'y Cem't

Date of Burial, May 29th 1878

M. D. Dolsen M. D.
Medical Attendant.

Undertaker, S. L. Hertz

Place of Business, 757 W. Balt St *Address,* 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Granville

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 20 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 46 Lancaster St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 30th 1878.

Undertaker, Leonhard Feuss

Place of Business, S. Bond St. cor. Pr. St.

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Lombard Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Schaver Rosenzweig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 170 Aisquith

Cause of Death, First, (Primary.) Carbuncle

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Meyers Burial Ground.

Date of Burial, May 29

Undertaker, H. C. Brides

Place of Business, 21 Hanover St. *Address,*

DR. J. H. SMITH MAY 27 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie May Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 97 Elliott St

Cause of Death, {First (Primary,) Intermittent Fever

{Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetery

Date of Burial, May 30th 1878

Undertaker, Hughes & Co.

Place of Business, 668 Broadway

E. Jay Millard M. D.
Medical Attendant.

Address 97 Eliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Lang

Sex, Male or Female, {cross out the word not required in this line.} female

Age, two *Years,* — *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Nr 27 & Dallas st

Cause of Death, First, (Primary,) Croup membranous

Second, (Immediate,)

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, German St Matthews Cemetery

Date of Burial, May 31st

Undertaker, Emanuel Glaus

Place of Business, 169 S Bethel *Address,* 12 S. Eden st

G C Neuberndt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas L. Whelan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 82 9 N Howard St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (immediate,) Phthisis

Duration of Last Sickness, Four & a half months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 30th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

James Armitage M. D.
Medical Attendant.

Address No 14 N Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jimy Berry

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Cambridge street bg

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 6 days'

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st 1878

Undertaker, H. M. Gebonezer

Place of Business, 341 Canton Av.

William Hunel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha R. Winkate

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 59 *Years,* 10 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Georgetown D. C.

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} No 223 S. Paca St.

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 30

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Pembroke M. Wood M.D.
Medical Attendant.

Address, Inv 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Violet Kelly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Columbia St

Cause of Death {First, (Primary,) Typhoid Fever
Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 30th 1878

Undertaker, Armstrong & Denny

Place of Business, #263 Light St

Thos. Ord M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ses, and of Date of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Libert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany - in U.S. 12 yrs

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} No. 4 Elizabeth Lane.

Cause of Death, First (Primary,) Mortus Brightii

Second (Immediate,) Uremic Convulsions.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May. 30th 1878

Undertaker, Armstrong & Denny Address 315 Light Street

Place of Business, # 263 Light St.

R. H. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grover C Reichert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 168 Saratoga st

Cause of Death, First (Primary,) Did not nurse — fed by hand

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cts

Date of Burial, May 30th 1878

Undertaker, John Meacher

Place of Business, No 150 Camden

E Goverlock M. D.
Medical Attendant.

Address 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah H Hutchinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* ____ *Months,* ____ *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Joseph Street No. 34.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, May 30th

Undertaker, Conrad Hunkel

Place of Business, 61 Park St. *Address*

Jas. S. Stubbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1095

No. 20,455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Crabtree

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 430 Canton Street - near Ann

Cause of Death, {First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 31 May 1878

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anne

Doug Williams *M. D.*
Medical Attendant.

Address 17 Patterson Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Hunter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 20 Days.

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 14. Stockton Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28 1878

Undertaker, S M Grise

Place of Business, No 178 Howard st

Wm A. B. Sellman M. D.
Medical Attendant.

Address Caroleton Ave & Laurel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Secombe

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England (Shrewsbury)

Duration of Residence in the City of Baltimore, 50 & 60 yrs. (Over.)

Place of Death, {Give street and number.} #330 Aisquith St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Cerebral Apoplexy

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30th 1878

Undertaker, Wm. H. Richman

Place of Business, 234 N. Gay St.

Geo. A. Harlow M.D.
Medical Attendant.

Address, #305 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Jane Walker Unnamed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 10 Vincent Alley.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Vincent Alley.

Cause of Death, First (Primary,) Tetanus Nascentium.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetry

Date of Burial, May 30th 1878

Undertaker, L. D. Gourde

Place of Business, Supt W. Public Cemetry Address 30 N. Gilmor St.

J. Walker White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25427

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda & Sebastian Mercy (Parents)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 10 hours *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 253 Cross St

Cause of Death {First, (Primary,) Premature Birth
Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, May 30th 1878

Undertaker, Julius Koehler

Place of Business, Cross St

Jas A Clemm M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Jas Bosley

[OVER.]

...or back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25248.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A. Marlow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.* 7

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Penna. Av.

Cause of Death, {First (Primary.) Meningitis

Second (Immediate.) 1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 31 st 1878

{*Undertaker,* J. W. Weaver

Place of Business, 29 W Paca st

J. W. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Nichols

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest st No 38

Cause of Death, {First (Primary,)

{Second (Immediate,) Cancer of Breast

Duration of Last Sickness, Unknown to me Confines to bed six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 30th 1878

Undertaker, Theodore Locks

Place of Business, 66 Jefferson

E G Baldwin M.D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Joseph Fischer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 weeks 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 254 N Eden St

Cause of Death, {First (Primary,) Debility

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cc

Date of Burial, May 31 1878

Undertaker, Henry Keech

Place of Business, 309 Central Ave

E. A. Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 78 Atrocious

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eckhard Donerf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter (artist)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 19 years in US

Duration of Residence in the City of Baltimore, 19 [redacted]

Place of Death, {Give street and number.} 10 Jefferson

Cause of Death, {First (Primary,) Suicide / Second (Immediate,) Gunshot wound Head (Self)}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st

Undertaker, John Henning

Place of Business, 386 Orleans St.

Edmund Wacker M. D.
Medical Attendant.

Address Corner N & 1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jane Banks

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Winchester Va 9 years —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 N Belmont St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Phthisis Pulmonalis One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, May 30th

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St

J. A. Gilliss M.D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Penna. Avenue

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, 31st of May 78

{Undertaker, M. Rosenthal

{Place of Business, Pa

Louis W. Knight, M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} No 164 Hughes St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 31st 1878

I C Burch M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 a Liberty St

Address 15 d Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23433

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra Donaldson.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female.

Age, 42 *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co. Md.

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} 75 Lemon St

Cause of Death, First (Primary,) Pneumonia - following Childbirth

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 31st

Undertaker, S. W. Leonard & Son

Place of Business, 762 W. Baltimore St

Wm. McSpeden M.D.
Medical Attendant.

Address, 19 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dennis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 370 Cross st.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) About 4 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Md

Date of Burial, May 31

Undertaker, Hercules Ross

Place of Business, 250 Mulberry St.

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1096

No. 25457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878 Eckstein

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Eckstein

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 15 Butler alley

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, May 31st 1878

DR. J. H. SMITH MAY 30 1878 BALTIMORE, MD.

____ *M. D.*
Medical Attendant.

Undertaker, Christian Eckstein

Place of Business, 15 Butler Alley

Address, 108 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 25438

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Conaway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 342 N. Henry Str.

Cause of Death, First (Primary,) "Phthisis"

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery Jno. G. Hockyday M. D.

Medical Attendant.

Date of Burial, May 31st 1878

Undertaker, J. B. Bond

Place of Business, No 707 W Baltimore Street *Address* Carroll P.O. Balto. Co. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2543[illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, withia *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lora Sherwood

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 102 King street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Parish Alley

Cause of Death, {First (Primary,) Cholera Infantum; Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Locust Camp

Date of Burial, May 31 1878

A Darling M. D.
Medical Attendant.

Undertaker, Basil Johnson

Place of Business, 11 Parish alley

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mondshine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, — 2 Months, 2 Days.

~~Color~~,

Married, Single, Widow or Widower, {~~Cross out the words not~~ required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Belair Road

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Belair Road

Cause of Death, First (Primary,) Bottle fed

Second (Immediate,) Inanition

Duration of Last Sickness, Sixe days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st/78

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. W. White, M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25441

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Edel

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 257 Haughton Ave

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 1st 78

{*Undertaker,* Geo Schilling

Place of Business, Ashland & Lyman

Alo Kuhn M. D.
Medical Attendant.

131 N Charles St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25442

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Hines

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 372 Eastern Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick ~~Cem~~

Date of Burial, May 31st 1878

Undertaker, [illegible] Sullivan

Place of Business, N. Eutaw St *Address,* [illegible] Broadway

James F. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 25443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Booze

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1½ Dobbeny alley

Cause of Death, {First (Primary.) Double Pneumonia / Second (Immediate.) "}

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31

Undertaker, William H Bruce

Place of Business, 10 Hoton Alley

Thomas O'Lie M.D.
Medical Attendant.

Address, 396 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Groundes

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 15 *Months,* — *Days.*

Color, White.

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 198½ E. Pratt St.

Cause of Death, {First (Primary,) —

Second (Immediate,) Dysentery

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 1st 1878

Aug. H. Erich M. D.
Medical Attendant.

{*Undertaker,* Isbenny Sander

Place of Business, 252 Canton Ave

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 252445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sweeney

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* ..... *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 69 S. Dallas st

Cause of Death, First (Primary,) Atrophia Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, Dallis st cemetery

Date of Burial, May 31st

Undertaker, Theodore J. Lock

Place of Business, 56 Jefferson st

C. L. Miller M. D.
Medical Attendant.

Address, 69 S. Dallas st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

Date of Death, 29 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker W. O'Neil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 6183 Boston St.

Cause of Death, {First (Primary,) Typhoid Fever.
Second (Immediate,)}

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, ~~May 2~~ June 1, 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E. Jones M. D.
Medical Attendant.

Address 17 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25447

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Wolf

Sex, Male or Female, {Cross out the word not required in this line.} M. F. ~~F.~~ Male

Age, 24 *Years,* 9 *Months,* 1 *Days.*

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 93 Parkin St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Carroll County

Date of Burial, June 2nd 1878

Undertaker, J H Cook

Place of Business, No 707 W Baltimore Street

A. McL. Gilbert M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th (May 31st 1878.)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Hasenbalg

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 56 *Years,* 5 *Months,* 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 177 S. Broadway

Cause of Death, First (Primary,) sudden death, probably from cerebral laesion

Second (Immediate,) for complained about 8 weeks about cerebral symptomes. (previous to his death)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 2d

Undertaker, Franklin Dibbell

Place of Business, Bond St. 167

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Owens

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No 111 E. Eager st.

Cause of Death, First (Primary,) —

Second (Immediate,) Dysentery

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 1 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 106 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

No. 25450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, and before the burial can be made, if practicable, and in all cases sooner, if requested.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jones

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 200 S. Bethel St

Cause of Death {First, (Primary,) Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Am'y

Date of Burial, August 1 1878

James A. Steuart M. D.
~~Medical Attendant.~~

Undertaker, Leslie W. Locke

Place of Business, Wolf St

Address, Comm'r of Health
for Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr L. F. McShane

hence issued, Saturday of each week.

No. 25451

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sparks

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Fifty *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Twenty Nine Years

Place of Death, {Give street and number.} No 211 Hughes St

Cause of Death, First (Primary,) Valvular of the heart

Second (Immediate,) Ascites et Asthenia

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 1st 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

L. L. Dyer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lieb

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Accidentally struck Engine on Balt & P. R.R.

Second (Immediate,) Fracture of Skull

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 2nd 78.

Undertaker, Chas. P. Pauliss

Place of Business, No. 66 Fredrick St.

J. Wesley Chambers, M.D.
Medical Attendant.

Address, Edmd P. Wadden M.D
Coroner M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25453

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Bacon. Col'd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, Dark *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~5-5 8½ Saratoga St.~~ Whole Life.

Place of Death, {Give street and number.} 5-5 8½ Saratoga St.

Cause of Death, First (Primary,) Chronic Diarrhoea & Epistaxis.

Second (Immediate,) .....

Duration of Last Sickness, Whole Life.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 1878

Undertaker, S W Chase

Place of Business, 8 Howard St

E. M. Gordon M. D.
Medical Attendant.

Address 413. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Otto Tomz

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Front Street Nr 5

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 224 W. Fayette Street

Undertaker, Nichol & Miller

Place of Business, 224 W. Fayette St

H. F. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Returns of all Permits

No. 25455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. M. Murphy

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 7 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Clayton Row.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } Clayton Row

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1 1878

G W Morris M. D.
Medical Attendant.

Undertaker, John C Sloan

Place of Business, 1263 Pratt

Address, Cor Stricker & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 25436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Freling

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number} Balto. Infirmary Green & Lombard Sts.

Cause of Death First, (Primary,) Injury to foot. Fracture Comp'd/

Second, (Immediate,) Exhaustion.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Jun 1 1878

E. D. Chancellor, M. D.
Medical Attendant.

Undertaker, Peter Rummel

Place of Business, 317 Mulberry *Address,* Green & Lombard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 10 Days.

Color, 97 White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Laborer

Occupation, German

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 889 W Pratt Street

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemet. Henry J. Houck M. D.

Date of Burial, June the 2d Medical Attendant.

Undertaker, P. Kimmert Address Carey & Pratt Sts.

Place of Business, 317 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore will make returns of all Permits for Burials in the City of Baltimore.

No. 23458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fang

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days*

Color, Why

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 82 N. Ann

Cause of Death, {First (Primary,) Phisic Entero. Inflammation

{Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery

Date of Burial, 2 Jun Jun

Undertaker, John Herring

Place of Business, 386 Eutaw St.

J. Mathias M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

...Cemeteries in City of Baltimore will make returns of all Permits

No. 25459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Charity N. Potter
Female

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eighty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 287 East Pratt

Cause of Death { First, (Primary,) old age
Second, (Immediate,) Gangrene the result of Injuries

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Batte cemetery

Date of Burial, June 2nd 1878

Undertaker, Hughes & Lee

Place of Business, 65 S. Broadway

Wm H Chenderson, M. D.
Medical Attendant.

Address, No 102 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK

No. 25460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lauttine

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty-nine *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 199 Hughes St.

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetis

Date of Burial, June 2nd 1878

I. O. Harrington M. D.
Medical Attendant.

Undertaker, Charles F. Heerwald

Place of Business, 170 Sharp St. *Address,* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 25461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2,52461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Jackson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Forty *Years,* ——— *Months,* Fourteen *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boot & Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Thirty Eight years

Place of Death, {Give street and number.} 193 North Eden St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, June 2d

{*Undertaker,* Fry & Bro

Place of Business, 32½ Broadway

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & No Eden St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

No. 2[illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Griffith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* Ten *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nine.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 347 Pennsa Ave

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Pneumonia Continuous about 3 month

Duration of Last Sickness, about two or 3 days

All the above information should be furnished by the Physician

Place of Burial, Manchester Elias L. Price M. D.

Date of Burial, June 1 Medical Attendant.

Undertaker, J. Chalmers *Address* 267 Madison Ave

Place of Business, 338 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcript 1097

Cameron & Co. City of Baltimore will make returns of all Permits 25463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cleaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 9 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Schooler

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 116 Cockeis Court & Saint Paul

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 2d 1878

Undertaker, Hunting & Derry

Place of Business, 163 Eight

E. H. Janney M. D.
Medical Attendant.

Address Boston & Calvert Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries ... will make returns ... Burials

No. 25464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin A. Becker

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* ~~8~~ *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 252 N Caroy St.

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, ~~4~~ days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 2nd 1878

Undertaker, Hughes & Co

Place of Business, 350 N. Eutaw

Howard Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2046 21906

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wareham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, N.W. Olivet Cemetery

Date of Burial, June 3rd 1878

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Geo. H. Caplis M. D.
Medical Attendant.

Address 1 Wesley Grace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23466

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Walker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 yrs

Place of Death, {Give street and number.} Aged Mens Home

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 2nd 1878

Undertaker, S.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Lopta M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 25467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Speer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 81 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 35 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 87 East Avenue.

Cause of Death, {First (Primary,) old age.

{Second (Immediate,) Induration 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, June 2d 1878

Undertaker, Peter Frey

Place of Business, 91 Eden st

Ephraim Ammon M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F Tracy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, Since July 1877

Place of Death, {Give street and number.} No 151 E Balto st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Weak & feeble from Birth 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. E. Cemetery

Date of Burial, June 1st 1878

Undertaker, J. F. Mackie

Place of Business, 93 Columbia

J Ridgway Andre M. D.
Medical Attendant.

Address, 1121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

25469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, Seventeen *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt, City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 64 South Wolfe St.

Cause of Death, {First (Primary,) Intestinal Obstruction. / Second (Immediate,)}

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 2nd 78

Undertaker, Wm. Franck

Place of Business, 280 Eastern Ave

John F. Monmonier, M. D.
Medical Attendant.

Address S.W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schaffer

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Liquor dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hesse Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 251 E. Eutaw

Cause of Death, First (Primary,) Phisis Consumption

Second (Immediate,)

Duration of Last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Er Cemetery

Date of Burial, June 2nd /78

Undertaker, H. Saulden

Place of Business, 252 E. Eutaw

A. B. Arnold M. D.
Medical Attendant.

Address, 7 E. Hoffman

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bosley Lilley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Years, 8 Months, 9 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 363 E. Eager St.

Cause of Death, First (Primary,)

Second (Immediate,) Acute Hydrocephalus

Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 3rd 1878

Undertaker, H. W. Ingram

Place of Business, N. Eager St.

Jno. Brooke Byrd M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ke[illegible] n Ci[illegible] ltimore will make returns of all Permits No. 25472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Lee Wasse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 111 Dolphin St

Cause of Death, {First (Primary,) Pseudo. Membranous Croup

Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Edmd Rwalsh M. D.

Date of Burial, June 2 1878 Medical Attendant.

{*Undertaker,* Chas. T. Scriven Add 183 Dolphin Ave

{*Place of Business,* 271 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rials to the ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Gehring

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 81 Years.

Place of Death, {Give street and number.} 388 Hanover St

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,) Paralysis of Lungs}

Duration of Last Sickness, 8 Years.

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, June 3rd 1878

Undertaker, E. F. Krause

Place of Business, 209 Hanover

H. V. Dodge M. D.
Medical Attendant.

Address 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries ... will make returns of ... Saturday of ... 1878

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. A. C. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 204 N. Front St.

Cause of Death, First (Primary,) Bilious Remittent Fever

Second (Immediate,) ...

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *L. F. Coyner* M. D.
Medical Attendant.

Date of Burial, June 3d 1878

Undertaker, Henry W. Mears *Address* 134 N. High St.

Place of Business, 415 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25475

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Dunberry

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number. } #226 Vine Street

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 2th 1878

Undertaker, Wm N. Driggs

Place of Business, 816 Stockton Alley

Geo H. Lyon M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certific setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...to return ...full Permits No. 2[illegible]16

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie Lenfert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 182 E Monument St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 188 Lexington St

Cause of Death, {First (Primary,) Second (Immediate,)} Pseudo Membranous Laryngitis

Duration of Last Sickness, 2 da

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3rd 1878

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

C. A. Lenfert M. D.
Medical Attendant.

Address S.E. Cor Wilkens & Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2054 77

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st May 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 24 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, nil

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Rabar[illegible] St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loch Raven Cemetery

Date of Burial, June 2d 1878

Undertaker, Jno L Gray

Place of Business, 45 Milbury St

T. D. Mullen M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20 1478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Colton

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, One *Years,* One *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Six Months.

Place of Death, {Give street and number.} 80. Oak St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, Five Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 2d 1878

Undertaker, Joseph Byrnes

Place of Business, Liberty St

J. Wesley Chambers, M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTE[illegible] 25479 [illegible] of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chambers

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ... *Years,* ..... *Months,* About 2 months ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 State St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 27 State St.

Cause of Death, First (Primary,) .....

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 31 1878

Undertaker, John C Jordan

Place of Business, 63 Park Ave

James A Steuart M. D.
~~Medical Attendant.~~
Coroner

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20479

The SPECIAL ATTE[N]TION of this CERTIFICATE.

N. Hynson Jennings & Co.
PHARMACISTS,
90 North Charles Street, Baltimore.

℞ The chica died about 2 hours after birth & from what I can ascertain Hydrocephalus

J. H. Scarff M.D.

#25479

STATISTICS.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Permit No [illegible]

The Physicia[n] ... filled out, to the undertaker o[r] ... sooner, if requested so to do, under p[enalty]

Date of Dea[th]

Full Name o[f]

Sex, Male or Female, { required in this line. }

Age, ... *Years,* ..... *Months,* About 2 hours *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the wor ls not required in this line. } ~

Occupation, ~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 27 Stalo St.

Duration of Residence in the City of Baltimore, ~

Place of Death, { Give street and number. } 27 Stalo St.

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 31878

{ *Undertaker,* John C Jordon, *Address* .....
{ *Place of Business,* 63 Park Ave

James A Lewis M. D.
~~Medical Assistant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City — 80

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Ross.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marylands

Duration of Residence in the City of Baltimore, Liv

Place of Death, {Give street and number.} 35 Lancaster St.

Cause of Death, { First (Primary,) Scarlatina —
Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery Jno. S. Lynch M. D.
Medical Attendant.

Date of Burial, June 4 1878

{ *Undertaker,* William Roberts *Address* 1 S. Broadway
{ *Place of Business,* 35 Lancaster St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City o... more will make ... Permits

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Xaver Rombacher

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 74 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cabinetmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria (Germany)

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 41 Portland pl

Cause of Death, First (Primary,) Rheumatismus chron.-arthritis

Second (Immediate,) Marasmus senil.

Duration of Last Sickness, 14 mths.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th

Undertaker, Geo Kimball

Place of Business, 389 W. Pratt

R Albers M. D.
Medical Attendant.

Address 95 S. Sharp pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in [illegible]

No. 25282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Lizzie~~ Lorenz — A. L. Lorenz (Father)

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Years, 36 Months, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 306 Asquith St

Cause of Death, {First (Primary,) / Second (Immediate,)} It was not quite a 7 month child

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 3 1878

Undertaker, Henry Flaherty

Place of Business, 362 Central ave

Wm. Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Henry Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 weeks ~~Months,~~ ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Carlton st near Lexington st

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,) ...

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31

Undertaker, James Brackston & Co

Place of Business, 1620 Druidhill Ave

L. F. Bryan M. D.
Medical Attendant.

Address Balto. Gen'l Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20[illegible]84

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 252824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 6 Waters Court

Cause of Death, {First (Primary,) Concussion Brain

Second (Immediate,)

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, May 31

Undertaker, James Brackston Co

Place of Business, No 20 Druidhill Ave

A. G. Wenger M. D.
Medical Attendant.

Address S. E. Cor Green & Monument Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits ... each week.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Lydia F Hanny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 144 Penna. Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Mount Olivet

Undertaker, C W Blizzard

Place of Business, 201 S Penna Ave

James Dimitt M. D. Medical Attendant.

Address 1014 Druid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers ... in City of Balt... No. 2

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday June 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Loggins.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 29 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Paper hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give street and number.} 88 E. Madison St

Cause of Death, First (Primary,) Inflammation of Stomach & Bowels.

Second (Immediate,) Asthenia.

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 4th

Undertaker, E. O. Middleton

Place of Business, 9 Greenmount Ave

Wilmer Barnes M. D.
Medical Attendant.

Address 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...epers of Cemeteries ... of all ... No. ...

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Matilda Keller

~~Sex~~ *Male or Female,* {Cross out the word not required in this line.}

Age, ~~Infant~~ 32 *Years,* 8 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 369 Lombard St

Cause of Death, {First (Primary,) Rheumatism & Bilious Fever

Second (Immediate,) Disease of heart pericarditis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *M. D.* A. N. Cothran

Medical Attendant.

Date of Burial, June 4th ~~~

Undertaker, F. N. Foll *Address* 369 W. Lombard St

Place of Business, #131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of [illegible] will make returns [illegible]

No. 25485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie P. Keller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 10 years 21 Days.

Place of Death, {Give street and number} No 379 W. Lombard St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Nine (9) hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1878

D. L. Sinclair *M. D.*
Medical Attendant.

Undertaker F. N. Ford

Place of Business, 131 Hanover St *Address,* 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Keepers of Cemeteries in City of Baltimore will make return of a

No. 25489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after death, or sooner, if requested so to do, under penalty of law.

PREPARED

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Blunt

Sex, Male ~~or Female~~ {cross out the word not required in this line.} *Years,* 4 *Months,* ——— *Days.*

Age, ———

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 200 S. Dallas St

Cause of Death {First, (Primary,) Second, (Immediate,)} Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, June 4th 1878

Undertaker, Geo T. Jones

Place of Business, Dallas St

Address, Comm of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr H. McShane

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore will make ...

No. 25490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Maria Heise

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bo

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Saratoga St. 450

Cause of Death, First (Primary,) Inflammation of the brain

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 4 June 1878

Undertaker, P. Kummel

Place of Business, Mulberry St

Dr. F. Reinhard M.D.
Medical Attendant.

Address, W. Fayette St. 224

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return of A...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 - 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Akers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 2 hours *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 S. Durham St

Cause of Death, { First (Primary,) Premature birth (7½ months)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 4th 1878

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, John P. Paules

Place of Business, Fredam *Address* 270 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of [illegible]

No. 25492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 252492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1878 REGISTRAR

Date of Death, May 31 st. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pipsie Goldsmith

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lucan Anun Co Md.

Duration of Residence in the City of Baltimore, 6y.

Place of Death, {Give street and number.} 67 Myrtle Ave.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3: 1878

Undertaker, S. H. Chase

Place of Business, 5 Howard St

Louis L. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Keeper of Cemeteries in City ...
for Burials to the Offi...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 25493

Board of Health, City of Baltimore,

Permit No. 25293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

Date of Death, May 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Estes

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Snow Hill Md

Duration of Residence in the City of Baltimore, 42 Yrs

Place of Death, {Give street and number.} 5 S. Eutaw St

Cause of Death, {First (Primary,)} Pulmonary Phthisis

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 1878

Undertaker, S Albaugh

Place of Business, 8 Howard St

Address, 5 S Eutaw St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Cemeteries in C... ...ors will make rem...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

25494

Board of Health, City of Baltimore,

Permit No. 25494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Elizabeth Hammond~~ June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizbelte Hammond

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 11 Elmet Alley

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1878

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

Thurlow Cook, M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return

25496

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25495 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

Date of Death, June 1-1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Rowles

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* (about) ~~Months,~~ ~~Days.~~

Color Ed —

Sex, Female

~~Married, Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Domestic —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co — Md

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number.} 8 Little St —

Cause of Death, {First (Primary,) (Mitral Regurgitant) Cardiac Disease

Second (Immediate,) Asthenia

Duration of Last Sickness, About a year — (possibly 3 years)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, June 4th 1878

C. C. McDowell ..... *M. D.*
Medical Attendant.

{*Undertaker,* Perry Wright

{*Place of Business,* 8 Little St *Address* 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 25496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker, superintending the burial, and for the return thereof to this Office within ten days, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Doiloy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 273 Canton ave

Cause of Death, First, (Primary,) Ut

Second, (Immediate,) Tetanus Nascentium

Duration of last Sickness, 2 days

All the above information should be furnished [redacted]

Place of Burial, St Paul's cem

Date of Burial, June 4 1878

James A Steuart M. D.

Undertaker, H. Ecklert

Place of Business, 269 Canton Ave *Address,* Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. F. M. Shearer

No. 2547

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25497

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie May Bauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 170 North St.

Cause of Death, First, (Primary,) Scarlatina Malignant

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, June 3rd

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Samuel C. Daniels M. D.
Medical Attendant.

Address, 247 E. Fells Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2511

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1878 Baltgrewe?

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenard Mrs. L. Haltgrave

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* twenty four *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 121 Vine Street

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill, Luther's Cemetery Chas. W. Nelf M. D.

Date of Burial, June 3d. 1878. Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str. *Address* 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all ... to the ... of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

Date of Death, June 2nd '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Wells

Sex, Male ~~or Female~~, {Cross out the werd not required in this line.}

Age, — *Years,* 5 *Months,* — — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Dimin life

Place of Death, {Give street and number.} 52 Little Monument St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 78.

Undertaker, Wm. H. Bishop

Place of Business, 99 Bond Hillsan

L. McKellar M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

No. 25500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Catherine Brown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Nine *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 142 York St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,) Convulsions

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3 d

Undertaker, Hurley & Ross

Place of Business, 96 Conway St

I. D. Yates M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2, 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alcida Smith

Sex, Male or Female, { Cross out the words not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number. } 269 Ruby st

Cause of Death, { First (Primary,) Cholera Infantum — Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1878

{ *Undertaker,* Wm N Wingert
{ *Place of Business,* No 10 Hockley Alley

L. M. Eastman M.D.
Medical Attendant.

Address, 269 Ruby

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1 — 1878 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Evans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* one *Months,* ~~20~~ — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto — md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 25-6 Raburn St. near Shroder

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3d 1878

Undertaker, Wm M. Dwyer

Place of Business, No 10 Stockton St

Jno. F. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall dio in the said city, it shall bo the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending tho burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, ago and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Augustus Mirt

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... Years, ... Months, 4 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 246 S. Durham St.

Cause of Death, {First (Primary,)} Cholera Infantum

{Second (Immediate,)} .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem. R. D. Mansfield M.D.

Medical Attendant.

Date of Burial, June 4th 1878

{Undertaker, Sylvester Sander} Address, 117 S. Broadway

{Place of Business, 242 Canton Ave}

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3, 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary Matilda~~ J. Edwards (Parents

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 369 E. Balt. St.

Cause of Death {First, (Primary,) Catarrh (bronchial)
Second, (Immediate,) Asphyxia
One Day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fredrica Delaware

Date of Burial, June 4. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Fast. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcribed 1098

...n Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M. Schmaltz

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* *Months,* 1 14 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltro.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 N. Shroder st

Cause of Death, {First (Primary.) Cholera Infantum. / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurden Park

Date of Burial, June 4

Undertaker, John Schultheis } *Address*

Place of Business, 159½ Mulberry st.

A. H. Sarles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Emerick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 152 Stirling St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Lutheran

Date of Burial, June 4 1878

{*Undertaker,* Henry Roach

Place of Business, 30 Gleadale Ave

Jno Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of REGULATIONS on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

Date of Death, June 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane McClure

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months,* 5 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 264 Park Ave.

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Parkton Station

Date of Burial, June 4th

Undertaker, Yarbrough

Place of Business, 319½ Penna ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1099

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Coon

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 62 *Years,* 1 *Months,* 2 *Days*

Color,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Janitor.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 240 Saratoga

Cause of Death, {First (Primary,) Dilatation of Heart Albuminuria
Second (Immediate,) Hydrops Anas. Oedema Pulmonum

Duration of Last Sickness, (2 years) 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, June 5th

{*Undertaker,* Wm. J. Ticknor
Place of Business, 65 S. Eutaw

D. Tellevaeto M.D.
Medical Attendant.

Address, 137 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Cahill

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 48 Years. — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 47 Lee St.

Cause of Death { First, (Primary,) Hereditary / Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 5th 1878

{ Undertaker, John S Macher
{ Place of Business, N 150 Camden

Theodore Cortla M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Sines

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 603 Short

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 4th 1878

Undertaker, John Thrasher

Place of Business, No 150 Camden

Francis M. Sines *M. D.*
Medical Attendant.

Address 108 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virgil Lee Carr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 weeks *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 107 N Wolf Street

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, No 8 Burial Ground

Date of Burial, June 3d

Undertaker, Fly & Bro

Place of Business, 534 N Broadway

S. Filmyer *M. D.*
Medical Attendant.

Address 184 N Wright St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Pitcher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 29 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 213 Bolton St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, June 5th 1878

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Slingluff & Munns

Place of Business, 35 Penn Ave *Address,* 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25573,

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emory Leonard Shields

Sex, Male ~~or Female~~, { Cross out the words not required in this line. } Male.

Age, [illegible] *Years,* 1 *Months,* 15 *Days,*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 118 S Carroll Ave.

Cause of Death, { First (Primary,) } { Second (Immediate,) } Cholera Infantum.

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, June 5th 1878

Undertaker, Jas F. Loane

Place of Business, 568 W. Balto St

John J. L. Shyer M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa M. Wolf.

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 85 Parkin St.

Cause of Death, {First (Primary,) Tuberculous Meningitis

Second (Immediate,) convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Patapsco station Western Maryland Railroad

Date of Burial, June 6th 1878

A. McC. Cotburn M. D.
Medical Attendant.

{*Undertaker,* J B Coots

{*Place of Business,* No 707 W Baltimore Street

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Parnell 1100

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, _____ *Years,* Abt 12 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Found Line

Duration of Residence in the ~~City of Baltimore~~, Home 5 Days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, {First, (Primary,) Marasmus / Second, (Immediate,)

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 6 1878

Undertaker, Daniel Bowen

Place of Business, 156 Division St

C Mastin Brown M. D.
Medical Attendant.

Address, 681 W. Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Menens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Orchard St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 5. 1878

S. T. Knight M. D.
Medical Attendant.

Undertaker, Geo. Saffran

Place of Business, 21 Lethington Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Löhr

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days.* 2

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 17 Horn St.

Cause of Death, First (Primary,) Entero Colitis.

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, A Alfons Cemetery

Date of Burial, 5 of June

Undertaker, Adam Fink

Place of Business, 461 12th Jay St

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

No. ...

Board of Health, City of Baltimore,

Permit No. 25518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry McInnis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 8 N Loeentral Av

Cause of Death { First, (Primary,) cholera Infantum

, { Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 5th 1878

{ *Undertaker,* Henry H. Mears

{ *Place of Business,* 45 N Gay St

Saml E Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah & John Johnson (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 Hoon St

Cause of Death, First, (Primary,)

Second, (Immediate,) Apthy[illegible]

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1878 Thos F Clemm M. D.

Undertaker, W. M. Duncan

Place of Business, East St *Address,* County of Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

Date of Death, June 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Moses

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 Years, ____ Months, ____ Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Parrish alley

Cause of Death, First, (Primary,) Chicken Pox

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, June 5 1878 Jas A Steuart M.D.

Undertaker, Chas A White

Place of Business, 35 Granby St Address, Comm'r of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr S. Baldwin

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Catharine Gaffney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 374 McHenry st

Cause of Death, First (Primary,) Malarial

Second (Immediate,) Paralysis of the Heart

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Jordan's P. Cem.

Date of Burial, June 5.

Undertaker, J. P. Poulet

Place of Business, 66 Frederick Ave.

Saml Entwisle M.D.
Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fuller

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 2 *Years,* 9 *Months,* 27 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 96 S. Chapel

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 5th 78

Undertaker, M. Grace

Place of Business, 280 Canton

D. S. Dorsett *M. D.*
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Decker

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number} 4 E Chappel St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Wl. Presbyterian Cem.

Date of Burial, June 6th '78

Undertaker, C. W. Evans

Place of Business, 280 Canton Ave

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Rita Chamberlain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 3 N. Stricklon alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4 1878

Undertaker, Wm. T. Dugan

Place of Business, 110 Stockton

John Pfeffer *M. D.*
Medical Attendant.

Address 1518 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E Heagley (Heisley)

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ohio

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N Central Avenue — 434

Cause of Death, {First (Primary,) Malignant disease of Stomach

Second (Immediate,) Cancer

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 5th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Coroner M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Schnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Day worth man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number.} Eastern Ave. 96.

Cause of Death, First (Primary,) Chronical Inflamation of the Lungs

Second (Immediate,) Paralyse of Head and Spine Nerves

Duration of Last Sickness, Since November last year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, June 7th. 1878.

Undertaker, P. H. Frey

Place of Business, 91 Eden St.

C. H. Lieb *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2552 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. A. Edwards

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* —— *Months,* —— *Days.*

Color, Cold *Sex,* female

~~*Married, Single, Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 92 Hollands

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,)

Duration of Last Sickness, Whole life.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1878

Undertaker, Theodore J. Locke

Place of Business, 516 Jefferson St — *Address*

S. T. Logan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Dishon

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} 190 Ramsey St

Cause of Death, {First (Primary,) Apoplexia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 5th 1878

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty

Thos S Latimer M.D.
Medical Attendant.

Address, 157 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. E. Tate

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 15 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 15 yrs & 2 mo

Place of Death, {Give street and number.} 65 Camden St.

Cause of Death, {First (Primary,) Inflammation of Liver

Second (Immediate,) 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, June 7th

{*Undertaker,* T. M. Nevitt

Place of Business, Lexington St

R. G. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Geninger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 106 Lemon St

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 6th 1878

Undertaker, H Cook

Place of Business, No 707 W Baltimore Street

James Bailey M. D.
Medical Attendant.

Address Cor Scott & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Curtis

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} Mt Clair Workshops

Cause of Death First, (Primary,) disease of Lungs

Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, A few Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 6th 1878

Carl Ph Conner M. D.
Medical Attendant,

Undertaker, J H Cook

Place of Business, No 707 W Baltimore Street *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Robert Schmidt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Carolines Street Nro 114.

Cause of Death, First (Primary,) Dentitio

Second (Immediate,) Convulsiones

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, June 5

Undertaker, Hendelin Dippel

Place of Business, Bond St 151

William Hennel M. D.
Medical Attendant.

Address S. Wolfe St 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 25533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Clark

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, Eleven *Years,* Eleven *Months,* Thirty four *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} # 19 S. Carey

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Prostration

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, 10 o'clock June 10

Undertaker, F. Deets

Place of Business, 78 & West Balto

J. G. Smithson M.D.
Medical Attendant.

Address, # 684 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 25834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Wagner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} 346 Orleans St

Cause of Death { First, (Primary,) Teething
, { Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, June 5th 1878

Undertaker, John Henry

Place of Business,

Address, 137 Orleans

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,	June 5th
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	Sadie Weil
Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}	
Age, Years,	1 Months, — Days.
Color,	White
Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}	
Occupation,	—
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	Baltimore
Duration of Residence in the City of Baltimore,	7 Months
Place of Death, {Give street and number.}	78 N. Paca St
Cause of Death, First (Primary.)	Cholera infantum
Second (Immediate.)	
Duration of Last Sickness,	3 weeks

All the above information should be furnished by the Physician.

Place of Burial,	Batto Hebrew
Date of Burial,	June 6th 1878
Undertaker,	Wm. J. Ricknor
Place of Business,	65 S. Eutaw

Felix Gentiné M. D.
Medical Attendant.

Address 9 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 25536 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878 - 830 1/2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gadia A. Conway

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5 Trinity St

Cause of Death First, (Primary,) Intussusceptio

Second, (Immediate,)

Duration of last Sickness, Live day

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 5 1878

A E Gudheryet M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 1/2 N Front St

Address, 113 High St

Consulting Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Queen Victoria Keel

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* - *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Natives (Since birth)

Place of Death, {Give street and number.} 21 Campbell's Ally

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Some - Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 78.

Undertaker, Wm H Sisk Jr.

Place of Business, 97 Aisquith Street

W M Austin M.D.
Medical Attendant.

Address, 192 Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robertson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, One *Years,* ~~[illegible]~~ *Months,* ~~[illegible]~~ *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 Liberty alley Cor Monument St

Cause of Death, First, (Primary,) Exhibition

Second, (Immediate,) Bronchitis

Duration of last Sickness, always sickly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1878

Undertaker, W. H. Murray

Place of Business, East St

James A Steuart M. D.

Address, Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr S. Reuter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25539

ALL'S WELL MEN JUN 1918 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1918

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Gebhardt Schaat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — City —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 278 West Pratt

Cause of Death, First (Primary,) Encephalitis

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. *Medical Attendant.* Wm A. B. Sellman M. D.

Date of Burial, June 6th

Undertaker, F. N. Toll *Address* Carollton Ave & Laurel St.

Place of Business, #131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Winters

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 178 Harford Ave

Cause of Death, {First (Primary,) Bronchial Catarrh
Second (Immediate,)}

Duration of Last Sickness, 4 days—

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 6th/78

Undertaker, Geo. Schilling

Place of Business, Ashland & Eyrau

Jm. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Blair

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Montgomery st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 5th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. H. Webster M.D.
Medical Attendant.

Address, 59 Barnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23542

al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Boyle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 31 Jackson Square

Cause of Death, First, (Primary.) Carcinoma Uteri

Second, (Immediate,) ———

Duration of last Sickness, Quite a long time Probably 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 7th 1878

Undertaker, Thos E Hughes

Place of Business, 60 E. Baltimore St *Address,* 219 E. Baltimore St

James E. Donnelly M. D.
Medical Attendant.

238 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Whittington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 9 *Months,* 0 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number} No 77 Dover St —

Cause of Death { First, (Primary,) Enteritis.
Second, (Immediate,) Exhaustion —

Duration of last Sickness, Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Cemetery of Burial, Cemetery

Undertaker, J. Davis

Place of Business, 103 Lee St

B L Grove M. D.
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 23344

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

Permit No. 25544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. G. Barrenger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 82 N. Wolf St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Secondary Syphilis

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 6th 1878 James A Steuart M. D.

~~Medical Practitioner.~~

Undertaker, John Herwig

Place of Business, 386 Orleans St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr. S. Hamilton

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ed by Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Robinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 324 Saratoga st

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 7th June 78

Undertaker, John H. Weaver

Place of Business, 129 E. Pratt St.

Geo G. Ogle Coroner M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GLANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Titus

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, col

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Lewis No 53

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, June 5 1878

Undertaker, Wm. N. Dungee

Place of Business, No 62 East st

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20347

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Stewart

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 hours *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Hollins St

Cause of Death, First, (Primary,) Tedious Labor

Second, (Immediate,) Spasms

Duration of last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 6th 1878

Undertaker, W. N. Duncan

Place of Business, 10 Stockton Alley

James A. Steuart M. D.
Attending Attendant.

Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr A. Darling

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Doyle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Co. Kerma (Ireland)

Duration of Residence in the City of Baltimore, over Twenty years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Disease of the Womb 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 7th 1878

Undertaker, Henry Schultheis

Place of Business, 92 & 261 East Monument St

Jno Burke Boyle M. D.
Medical Attendant.

Address Nole & Eager sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25549

JUN 6

The Physician who attended any p
out, to the Undertaker or other person s
sooner, if requested so to do, under pen
twenty-four

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Phifer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— Years, 2 Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Cole St

Cause of Death, {First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, June 6th 1878

James A Steuart M. D.

{Undertaker, L. L. Gourdet

{Place of Business, 197 Bank St Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr Jos Bosley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

25550

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kerr

Sex, ~~Male or Female~~, {Cross out the words not required in this line.} Male

Age, ~~Forty~~ Eight *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Stone mason

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 28 Yrs. in U. S.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} City Hospital (Cor. Calvert & Saratoga Sts.)

Cause of Death, First (Primary,) Gastric Cancer

Second (Immediate,) Asthenia

Duration of Last Sickness, 11 Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 6th

Undertaker, H C Micksfeldt *Address,*

Place of Business, 90 Greenmount av

Wm Gorrbel M.D.
Resident Physician Medical Attendant

City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

Date of Death, June 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Andrews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 6 *Months,* 0 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 270 - Division st.

Cause of Death, {First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 7th 1878

Undertaker, John J Andrews

Place of Business, No 406 Druid Hill Ave

H. F. Hoeck M. D.
Medical Attendant.

Address Corner Fulton & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kidd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} 105 Hope Street

Cause of Death, First (Primary,) Asthma with Heart Disease

Second (Immediate,) Heart Disease

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 6th 1878

Undertaker, John J. Andrews

Place of Business, No 486 Druid Hill Avenue

A. G. Walsh *M. D.*
Medical Attendant.

Address 247 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Penn. ave. near Baker St.

Cause of Death, First (Primary,) Accidental (Falling of a house)

Second (Immediate,) Crushing abdominal viscera internally

Duration of Last Sickness, about two hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 6th 1878

Undertaker, John Thacher

Place of Business, No 150 Camden

Silas Baldwin M. D.
Medical Attendant.

Address 52 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie M Peters.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 96 N Greene St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 8th 1878

Thos D Turnington M. D.
Medical Attendant.

Undertaker, Thos F Hughes

Place of Business, 100 E Balto

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Grace Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 291 William St Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 291 William St

Cause of Death {First, (Primary,) I did not know this child before death but suppose it died from Second, (Immediate,) Malnutrition

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 7th 1878

Undertaker, Winthrop Denny

Place of Business, 962 Fa

By Thornton Cook & Co M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25336

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Mitchell

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 18 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} Cor. of Fairmount & Collington Ave.

Cause of Death, First, (Primary,) Cerebro Dyspepsia.

Second, (Immediate,) Meningitis.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 6th 1878

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, Broadway *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Taylor

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 233 Orleans St

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, May 6th 1878

Undertaker, Theodore Locks

Place of Business, 56 Jefferson St

Wm. L. Russell M.D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childrea.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anneta Gooseberry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 59 Bank St

Cause of Death, First (Primary,) General Paralysis

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Graveyard F. E. Sooks M. D.

Date of Burial, May 6th 1878 Medical Attendant.

Undertaker, Theodore Locks

Place of Business, 56 Jefferson st *Address* 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Smith.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 22 *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 61 W. Wolf

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 6th of June.

J. W. P. Bates M. D.
Medical Attendant.

Undertaker, Wendel Difficil.

Place of Business, Cor. of Bond & Bank St. *Address* 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Jackson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 Years, — Months, — Days

Color, Col

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Horse Carrier

Birthplace, {State or country (and how long in United States, If of foreign birth.)} Maryland Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4- White Court

Cause of Death, First (Primary,) Neglect

Second (Immediate,) Epistaxis. (Bled constantly for 30 hours without attention)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church at Lemerty

Date of Burial, June 6. 1878

Undertaker, S W Chase

Place of Business, S Howard St

A N Antrim M.D.
Medical Attendant.

Address, 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Loveday

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Four Months, Two Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 Iceland St.

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 6 1878

Undertaker, S. H. Lemaire

Place of Business, 5 Howard St

D. E. Lancy H Barclay M. D.
Medical Attendant.

Address Homeopathic Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 102 Chestnut alley

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 5 1878

Undertaker, S. McShane

Place of Business, S Howard St

R. W. Stein *M. D.*
Medical Attendant.

Address 119 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the [illegible] sooner, if requested so to do, under penalty of [illegible].

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Martin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, [illegible] *Years,* 1 *Months,* 5 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Parrish alley

Cause of Death, First, (Primary,) Stomatitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. *Signature of* Jas A Steuart M. D.

Date of Burial, June 6 '78 Medical Attendant.

Undertaker, S. W. Chase

Place of Business, Eutaw St *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr E. Baldwin

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adalaide Winternitz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 16 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 72 Columbia st

Cause of Death, First (Primary,) Indigestion,

Second (Immediate,) Inanition,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Temple Blare Rode

Date of Burial, June 6 1878

Undertaker, J J Mad[illegible]r

Place of Business, Pace & Condon 56

D Thos D Lemmington M.D.
Medical Attendant.

Address 98 N Greene st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT
MAY
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 11 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 9 Months 11 days

Place of Death, {Give street and number.} 66 Davis St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1878

Undertaker, John E Gordon

Place of Business, 63 Park Ave

Elsmlew M. D.
Medical Attendant.

Address 51 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Beam

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, col

~~Married, Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Drayman,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 42 Pierce

Cause of Death, First (Primary,) Old age

Second (Immediate,) nervous prostration

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Stamp Street

Date of Burial, June 9 1878

Undertaker, Peters & Jordan

Place of Business, 63 Park Ave

Louis L. Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Clifton Rattes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 minutes

Place of Death, {Give street and number} 12 Etting St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse - sudden

Duration of last Sickness, 3 or 4 days - Only seen by me once - Shortly before death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6th 1878

R. Grinslow M. D.
Medical Attendant.

Undertaker, Wm D Weaver

Place of Business, No 202 N. Eutaw St *Address,* 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clendi Earlock

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, — *Years,* Three *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 86 McElderry St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 7th 1878

Wm H. Chandler M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE.

Date of Death, June 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Wilson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color, ... *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 5 Fay Ct

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 5 Fay Ct

Cause of Death, { First (Primary,) Congenital (Forest Syphilis

Second (Immediate,) .....

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 7th 1878

{ *Undertaker,* Wm. N. Dungee

{ *Place of Business,* No 62 East St

..... M. D.
Medical Attendant.

Address 32 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ritter

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 114 Canton Ave

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Exhaustion Fever

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Hyacinths Cemetery

Date of Burial, June 7, 1878

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, Henry Heuisler

Place of Business, 369 Central Ave *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 253 S. H. an City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Clinton Ave

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery A Tinsley M. D.

Date of Burial, June 6 1878 Medical Attendant.

Undertaker, John A Jordon *Address* 586 Druid Hill Ave

Place of Business, 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schulz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 423 Saratoga St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Greenhill Lutheran Cemetery

Date of Burial, June 7th 1878.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

G. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Bello

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 29 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltó,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 S. Schroeder st

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 6th 1878

F. V. Benson M. D.
Medical Attendant.

{*Undertaker,* I B Gaels

{*Place of Business,* 167 W Baltimore street *Address* 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1878—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Summers

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 345 N. Howard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1878

Undertaker, William J. Gray

Place of Business, 65 Mulberry st

Claude Van Bibber M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Matilda Mitchell

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* Thirteen *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Bond & Monument Sts

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery by Hanford & Pike

Date of Burial, 7 June 10 O'clock

Undertaker. George C. Rodenmayer

Place of Business, 138 Eutaw St

Miller H. Taylor M. D.
Medical Attendant.

Address, Broadway & Mc Elderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Bell Sprague

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 S. Eutaw St

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemet *A. J. Bell* *M. D.*

Medical Attendant.

Date of Burial,

Undertaker, Fay & Bro

Place of Business, *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 25577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Robert Jones

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... 7 *Months,* ..... 11 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Vincent St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th

Wm Keighler M.D.
Medical Attendant.

Undertaker, S. M. Leonard & Son *Address,* 192 Eutaw & Calhoun Sts.

Place of Business, 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Fowler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 108 Lancaster St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mayrelea Mass

Date of Burial, June 1878

Undertaker, Rehn & Sitzer

Place of Business, 265 Aliceanna St

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1102

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6 / 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Doerr

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 8 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 8 yrs 8 mo

Place of Death, {Give street and number.} Res[illegible] 533 Lee[illegible]

Cause of Death, First (Primary,) Accidental Burn;

Second (Immediate,) Shock

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th

Undertaker, Henry Brile

Place of Business, Hanover St 81

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25580.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 1 Months, 14 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 71 Amity St. Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 71 Amity St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th

Undertaker, Hercules 320 S

Place of Business, Broadway

J. Dimmitt Hoover M. D.
Medical Attendant.

Address, Cor. Fayette & Schroeder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 25581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Linton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ Widower, {Cross out the words not required in this line.}

Occupation, Truckster.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} 217 Holland St.

Cause of Death, First (Primary,) Cirrhosis of the Liver

Second (Immediate,) Ulceration of the Bowels

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June 7. 1878

Undertaker, C. L. Keating

Place of Business, 69 E. Pratt St.

Edward J. McDevitt M. D.
Medical Attendant.

Address 137 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25582.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Trefz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 222 East av.

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina Maligna

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 7th 1878

Undertaker, Leonhard Feurer

Place of Business, E. Baltimore St. 222

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel. Emanuel Hamburger

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} # 11 N. Caroline St.

Cause of Death, First (Primary,) Imperfect development.

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebr Cem'y

Date of Burial, June 8 1878

Undertaker, L. Herzog

Place of Business, —

Adam D Arnold M.D.
Medical Attendant.

Address, # 7 E. Fifth St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eliza Craig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Broadway between Miller & Madison Res 394 Central Ave

Cause of Death, First (Primary,) Unknown nature

Second (Immediate,) Probably Disease fatty Disease of heart

Duration of Last Sickness, Until death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th 1878

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

Edmund Rod Ike M. D.
Medical Attendant.

Address Comm St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Howes

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Forty Six *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 378 East Madison Street

Cause of Death, First (Primary,) Abortion

Second (Immediate,) Hemorrhage of the Uterus

Duration of Last Sickness, About one Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sunday the 9th of June

Undertaker, [illegible]

Place of Business, [illegible] No 21

Milton N. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sewrah Rebeckah Moore

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 11 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 59 Rose St Balty

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} at the place of birth

Cause of Death, First (Primary,) Idiopathic Emphysema

Second (Immediate,) Spasmodic Convulsion

Duration of Last Sickness, 4 & hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June the 7th 1878

Undertaker, S. F. Gilmyer

Place of Business, No 341 Canton Ave

J. C. Pinkard M.D.
Medical Attendant.

Address, 38 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keys

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* Seven *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Bethel Street 146

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, June 7th 1878.

Undertaker, H. Hartmann

Place of Business, 63 N. Eden St.

Milton A Taylor M.D.
Medical Attendant.

Address, ~~Broadway~~ & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McMeans

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} North Front St 210

Cause of Death, First (Primary,) Unknown

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 7th 1878

Undertaker, [illegible]

Place of Business, [illegible]

D. C. Jarman M.D.
Medical Attendant.

Address, 137 E Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or owner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Jefferson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 17 mo

Place of Death, {Give street and number} 206 & 208 N. Biddle st

Cause of Death First, (Primary,) Probable Tubercular Meningitis -

Second, (Immediate,) Teething - diarrhoea

Duration of last Sickness, 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cem.

Date of Burial, June 7th 1878

Undertaker, John C. Andrews

Place of Business, c/o 4 & 6 Front St. *Address,* 201 N. Biddle st

Attend

N. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John George Heinrichs

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, *Years,* White 9 *Months,* 28. *Days*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Dalla City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 489 N. Gay Street

Cause of Death, { First (Primary,) Cholera Infantum & Stomatitis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dulis Cemetery

Date of Burial, June 8th 78

Undertaker, Adam Feist

Place of Business, 461. N. Gay St

W. Skinner M.D.
Medical Attendant.

Address, Egerton Cemetery

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George C Miskelley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Actor, &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 204 Chesnut St

Cause of Death, First (Primary,) Uremia

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 9th 1878

D W Cathell M. D.
Medical Attendant.

Undertaker, H Roe & Co

Place of Business, 309 N. Central Ave *Address* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane F. Crabb

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 464 Mulberry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 8th 78

Undertaker, Knights & Co

Place of Business, 550 W Fayette St

Penbrooke W. Knight, M. D.
Medical Attendant.

Address, 213 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25593,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarance E Green

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* Two *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two Month

Place of Death, { Give street and number. } 10 Central Ave & Hoffman St

Cause of Death, { First (Primary,) Diarrhea / Second (Immediate,) Infantile Diarrhea

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 8th 1878

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

A. G. Watson *M. D.*
Medical Attendant.

Address 447 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Harris

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, col

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Launders

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest St No 58

Cause of Death, First (Primary,) Rheumatism Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 8

Undertaker, Fred J Lord

Place of Business, 56 Hillen St

E G Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gaven St Logan y

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Male

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland 27 years in U S

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Cor Calvert & Fayette Res 25 Etting

Cause of Death, First (Primary,) Accidentally run over (jury verdict)

Second (Immediate,) Rupture of liver

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem[x]

Date of Burial, June 9th 1878

Undertaker, John Schroeder

Place of Business, No 406 Druid Hill Ave

Edmund R Walker M. D.

[illegible]ndant.

Address Corner M & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roedel

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 55 *Years,* 3 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Piano Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 1163 Penna. Ave.

Cause of Death, First (Primary,) Cancer of Liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 10th

Undertaker, Julius Koeller

Place of Business, Cross & Sharps

C. A. Bodenhorst M.D.
Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George McGlone

Sex, ~~Male or Female,~~ { Cross out the words not required in this line. }

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Waiter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 126 Cathedral St

Cause of Death, { First (Primary,) Asthma, passive Congestion, &c / Second (Immediate,) Exhaustion & heart failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 10th June 1878

Undertaker, Hoy W. Jenkins & Son

Place of Business, 16 Light st.

Chas O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Lee Stiles

~~Sex~~, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* — *Months,* 10 *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Civil Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

~~Duration of Residence in the City of Baltimore,~~

Place of Death, { Give street and number. } 352 N Eutaw st

Cause of Death, { First (Primary,) Cirrhosis of the Liver
Second (Immediate,) Diarrhoea

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Glendy Cemetery

Date of Burial, 9th June 1878

Undertaker, Hoy. W. Jenkins Son

Place of Business, 16 Light st

William Lee M. D.
Medical Attendant.

Address Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Louisa Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 1 Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 10 Bergundy Court Lane

Cause of Death, {First (Primary,) Meningetis

Second (Immediate,) 11 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sarrel cemetary

Date of Burial, June 9. 1878

{*Undertaker,* Charles A White

{*Place of Business,* 35 Granby st

A. McCollum M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25601

HEALTH DEPARTMENT FEB 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Hopkins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 19 S. Eutaw St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Diarrhoea

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cem.

Date of Burial, June 9 1878

James A. Steuart M. D.
Medical Attendant.

Undertaker, S. H. Chase

Place of Business, Howard St. *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr Jas Bosley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1878 BALTIMORE.

Board of Health, City of Baltimore,

Permit No. 25601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCormick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 249 Bank St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Holy Cross

Date of Burial, 9 June

Undertaker, A. Clark & Sons

Place of Business, 64 E. Balto St

[signature] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

Date of Death, Friday June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse A. Ayler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 161 East Monument St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Asthmia.

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 9th /78

Undertaker, Geo Schilling

Place of Business, Ashland Depot

Wilmer Brinton M. D.
Medical Attendant.

Address # 25½ Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Wambach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, White. *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 S. Regester St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel J. W. R. Bales M. D.

Date of Burial, June 9th Medical Attendant.

Undertaker, Jno. Funke

Place of Business, No. 35 Bank *Address* 112 S. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benhard J. Backhaus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 69 S. Wolf Sisters Nascentium

Cause of Death, {First (Primary,) ____ {Second (Immediate,) 2 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, M. Almshouse *Dyer.* P Bates *M. D.*

Date of Burial, June 8th 78 Medical Attendant.

Undertaker, M. Frazer *Address* 1½ S. Exeter St.

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25605 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 169 Conway St. Baltimore

Cause of Death, First (Primary,) Congestive Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Howard County Md. A. J. White M. D.

Date of Burial, June 8th 1878 Medical Attendant.

Undertaker, Jas Cook

Place of Business, Cor Balto & Schroeder Sts *Address* 125 Conselton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Signed by Dr. A. S.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 25606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Thibert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 19 W. Pratt St.

Cause of Death, {First (Primary,) Old age
Second (Immediate,)}

Duration of Last Sickness, four years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery. Fred. Tuft M. D.
Medical Attendant.

Date of Burial, June 9. 1878.

Undertaker, Ulrich Schmidt *Address*

Place of Business, E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 28607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Lawton

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* 4 *Months,* 11 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 200 Lee St

Cause of Death, First (Primary,) Heart Sudden — Suppressed Head trouble

Second (Immediate,) Inr

Duration of Last Sickness, ~~Hours~~

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 9 1878

Undertaker, Armstrong & Son

Place of Business, Light St

Pembroke W. Wooldon M. D.
Medical Attendant.

Address, No 223 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 25608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th day of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Redican

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kings county, Ireland.

Duration of Residence in the City of Baltimore, About 28 years

Place of Death, {Give street and number.} 175 Bond st

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 10th 1878

Undertaker, J B Cook

Place of Business, No 707 N. Baltimore st

D. F. Hoffman *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 25609.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Moller

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 2 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 N Amity

Cause of Death, {First (Primary,)} Membranous Croup

{Second (Immediate,)} " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 9th 1878

{*Undertaker,* I R Cook

Place of Business, No 707 N Baltimore street

Henry Price M.D.
Medical Attendant.

Address, 396 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1913 BALTIMORE

Date of Death, June 8 1913

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Truman Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 237 Bank St

Cause of Death { First, (Primary,) Enteritis Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 9th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 76 Bank St

S. H. Carey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 2561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Lifson Jun

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 28 hours ~~Years~~, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39½ Courtlandt Street

Cause of Death, First (Primary,) Ch. Debility (one week) Premature Birth

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 8th 1878

Undertaker, Wm Stuckman

Place of Business, 234 N Gay St.

J B Stans M.D.
Medical Attendant.

Address, So 16th Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25612 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* ~ *Months,* ~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hamp Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 1013 Constitution st

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, About ~~Ten Years~~ Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 9th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

A. J. Cealy M. D.
Medical Attendant.

Address 132 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 28613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Cramer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 yr *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number.} Aged Mans Home

Cause of Death, {First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Amdery Geo K. Depte M. D.

Date of Burial, 9 June 1878 Medical Attendant.

{*Undertaker,* Wm Jenkins & Son

{*Place of Business,* N Light St *Address* 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 25614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 8 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard County

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 81 Orchard St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Funeral Canada

Date of Burial, June 8 1878

Undertaker, S H Glenn

Place of Business, 3 Howard St

C Winslow *M. D.*
Medical Attendant.

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 25615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Pratt

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 10 *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 10 Mo & 5 days

Place of Death, {Give street and number.} 753 Henrietta St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 1 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9 1878

Undertaker, S McGrase

Place of Business, No 19 S Howard St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in eases of births and deaths of illegitimate ehildren.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty~~ of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tilly.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washwoman.

Birthplace, {State or country (and how long in ~~the~~ United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 98 Chestnut St.

Cause of Death, {First (Primary,) Phthisis.
Second (Immediate,) 5 months.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1878

{*Undertaker,* S. M. Chase
Place of Business, 98 Howard St

Edward P. Davis M. D.
Medical Attendant.

Address 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clarence Hilliard.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* Eight *Months,* Seven *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 10 Vincent Alley

Cause of Death, First (Primary,) Cer. Spinal Meningitis, (Inflammatory)

Second (Immediate,) Do " "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Wmsh St Cemetery

Date of Burial, June 9 1878

Undertaker, S H Chase

Place of Business, 4 Hanover St

A. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Newman C. Bowie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 3 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 196 Walker St.

Cause of Death, First, (Primary,) Pneumonia & Bilateral Empyema

Second, (Immediate,) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 8. 1898

Undertaker, [illegible]

Place of Business, Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jackson Jr

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* two Months *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 615 Hunters Street

Cause of Death, First (Primary,) Injuries during Gestation

Second (Immediate,) Compression of the cord

Duration of Last Sickness, Two Minutes

All the above information should be furnished by the Physician.

Place of Burial, Shupert

Date of Burial, June 9

Undertaker, J Davis

Place of Business, 103 Lee St

L. A. Fye M.D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1918

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Darby

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number} 145 East Ln

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th

Undertaker, C. A. White

Place of Business, Brady St

Thos A Llewellyn M. D.
Medical Attendant

Compton S Register
Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Weyhausen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 7 *Months,* 29 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 282. S. Ann St

Cause of Death, First (Primary,) ———

Second (Immediate,) Tabes Mesenterica

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cty.

Date of Burial, June 9th

Undertaker, H. Froelich

Place of Business, 716 Eastern Ave.

F. F. McManus M. D.
Medical Attendant.

Address 71. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th of June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Fohl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} 65 S. Lancaster St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cem.

Date of Burial, June 9th

Undertaker, H. Froelich

Place of Business, 246 Eastern Ave. *Address*

Schmidt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McKenna

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Agatha Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 9 1878

Undertaker, Henry Koch

Place of Business, 309 Central Ave

Oscar A. Cochery M.D.
Medical Attendant.

Address, 188 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Wollen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Dodon.

Duration of Residence in the City of Baltimore, Since 18th June 1852.

Place of Death, {Give street and number.} 7 Greenmount ave.

Cause of Death, {First (Primary,) Calculus Disease of Kidneys and Hypertrophy

Second (Immediate,)

Duration of Last Sickness, Jan 29th to April 22. (My attendance)

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hopkins in Co

Date of Burial, May 9. 1878

{*Undertaker,* Henry Hook

Place of Business, 307 Central Ave.

John B. Monmonier M. D.
Medical Attendant.

Address S.W. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alfred Kenion Kingsolt

Sex, Male or Female; {Cross out the words not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 91 Hanover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1878

Undertaker, Wm. A. Dunges

Place of Business, No 62 East St

Wm. L. Turner M.D.

Medical Attendant.

Address, 1 Broadway Terrace.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5562 6.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

Date of Death, 8 June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Watts.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 Orleans st

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemy,

Date of Burial, June 10 1878

{*Undertaker,* J. L. Herring

Place of Business, 95 Orleans

H Hoffmeier M. D.
Medical Attendant.

Address, 57 Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty of~~ law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE

Date of Death, June 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Richardson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} S. W. cor. Jefferson & Chapel Sts.

Cause of Death First, (Primary,) Cholera Infantum,

Second, (Immediate,) Marasmus

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem.

Date of Burial, June 10 th 78

G. G. Geek, M. D.
Medical Attendant.

Undertaker, L. M. France

Place of Business, 280 Conway St. *Address,* Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 25128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

Date of Death, 8th June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ena Wagner

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ——— *Years,* ——— *Months,* 8 weeks *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Durham street 80.

Cause of Death, First (Primary,) Stomatitis aphthosa

Second (Immediate,) Exhaustio

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Rev. William Henkel M. D.

Date of Burial, June 20th 78 Medical Attendant.

Undertaker, M. Franck *Address* S. Wolfe & 117,

Place of Business, 250 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bettie Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 144 Pleasant St Alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, 21 Hours

All the above information should be furnished by the Physician.

Place of Burial, Friend Cem

Date of Burial, June 9th 1878

Undertaker, W N Swope

Place of Business, 104 East St

James A Steuart M. D.
Attending Physician or Coroner

Address, Comm of Health
W Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. J. H. Scarff

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Kavanagh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 19 Constitution

Cause of Death, First (Primary,) old age

Second (Immediate,) Abscess, Rt Side. When Seen a year ago

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Geo B Reynolds M. D.

Medical Attendant.

Date of Burial, June 10th 1878

Undertaker, Jas P Byrne

Place of Business, 113 N Front *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L C Claborn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 8 *Days.*

Color, White, *Sex,* Male

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 242 Forsyth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 242 E. George St

Cause of Death, First (Primary,) Typhoid malarial fever

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 10

Undertaker, J B Cook

Place of Business, 407 East Baltimore *Address*

J B Claytor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th. June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Schmidt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Caroline street 114.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Meningitis acuta

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mountcamel Cemetery *Date of Burial,* June 9th

Undertaker, Wendelin Dysk *Place of Business,* Bond St 157

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tilly Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* a few hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 347 Madison Ave

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 347 Madison Ave

Cause of Death, {First (Primary,) .....
{Second (Immediate,) 8 mos Child

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 9th 1878

{*Undertaker,* J. P. Byrne
{*Place of Business,* W. Fayette St

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Riley

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 88 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cemetery, Old Road

Date of Burial, June 11th 1878

Undertaker, Keighan & Co

Place of Business, 65 S Broadway *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07ZR.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine S. Lenco

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ninety-one *Years,* one *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover. Germany

Duration of Residence in the City of Baltimore, Seventy-three years.

Place of Death, {Give street and number.} 25 Pearl St.

Cause of Death, First (Primary,) —

Second (Immediate,) Old Age.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, June 10th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address* 47 Conway St.

De Lancey H. Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Schofield

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 1 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Johnson St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,)}

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Hafford Co Va

Date of Burial, June 11th 1878

L. C. Bruch M.D.
Medical Attendant.

{*Undertaker,* Armstrong Dorsey
Place of Business, 263 Eight St

Address 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Franklin 1103

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2563 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Liza Reynolds

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 3 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland, Twenty three Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Twenty months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy

Date of Burial, June 10th 1878

Undertaker, James Byrnes

Place of Business, Front St

J Wesley Chambers, M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lane, Thos. Wm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 462 Canton Av

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 311 Canton ave.,

S. Scott Smith, M. D.
Medical Attendant.

Address 128 Park Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Fuchs

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 57 E Lombard

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarletina Maligno

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, June 10 1878

Undertaker, John Rose

Place of Business, Gay & Balto St

J. Ridgway Andre M.D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th of June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A. W. Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 28 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 31/2 Carlton st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31/2 Carlton st

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1878

Undertaker, Wm. H. Langell

Place of Business, 16 & 18 Stockton Alley

P. S. Benson M. D.
Medical Attendant.

Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Arnold

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, W —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 174 West St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, H. Infant Cemy

Date of Burial, June 10 78

Undertaker, B. Hale

Place of Business, 411 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[redacted] of Health, City of Baltimore

Permit No. 25642

OFFICE OF REGISTRAR OF VITAL STA[redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Davis

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 25 *Years,* 0 *Months,* 0 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 163 N. Lombard St

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Petersville, Frederick Co Md.

Date of Burial, June 11 1878

Undertaker, Jos. L. Doane

Place of Business, 56 & 58 N. Calvert St

David Strum M. D.
Medical Attendant.

Address 163 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Franck 1104

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frances Nicolai

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 55. S. Washington St

Cause of Death, First (Primary,) Neglected Cold

Second (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetary T. A. McManus M. D.

Date of Burial, 11 Day of June Medical Attendant.

Undertaker, Wm Fry *Address* 71 Franklin St

Place of Business, Fayette & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Tenltine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 199 Hughes St.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Injury to Brain from Fall

Duration of last Sickness, The last

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, 10th June

Undertaker, Ph. Seward

Place of Business, 35 S. Eutaw St.

J. O'Donnicghan M. D.
Medical Attendant.

Address, 321 Eight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Kalamazoo~~ June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Xavier Dugan

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, —— *Years,* —— 9 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {~~Cross out the words not~~ required in this line.}

~~Occupation~~, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} N 26 W Monument St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 11th 1878

Undertaker, Henry W Jenkins & Son

Place of Business, N 16 Light St

F. E. Chatard M. D.
Medical Attendant.

Address N 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha B Levering

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty one *Years,* Six *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 247 St Paul St

Cause of Death, First (Primary,) Apoplexia Sanguinea

Second (immediate,) 8 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 11th 1878

Undertaker, Wm Weaver

Place of Business, No 202 E Eutaw St

Elias C Price M. D.
Medical Attendant.

Address 267 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Cottman

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number.} 223 Bolton St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonalis

Duration of Last Sickness, 18 mos or 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 11th 1898

Undertaker, Wm Weaver

Place of Business. No 202 N Eutaw St

Edm'd R Walker M. D.
Medical Attendant.

Address 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 7105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Dolsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 1 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 26 Carlton St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 8 South St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, June 9th 1878

{*Undertaker,* L. E. Gourdo

Place of Business,

H. F. Hill *M. D.*
Medical Attendant.

Address 325 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen E Young

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Eight *Months,* Two weeks *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 296 Hamburg Street

Cause of Death, First (Primary,) Pertussis et Dentition

Second (Immediate,) Gastric Spasms Marasmus

Duration of Last Sickness, Two

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1878

Undertaker, S. W. Chase

Place of Business, 846 Howard St

J. L. Dyer *M. D.*

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8 - 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Rebecca Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Chilton St

Cause of Death, First (Primary,) Insanition

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C W Coaden M. D.

Date of Burial, June 11 78 Medical Attendant.

Undertaker, J Whitmore

Place of Business, 18 S Howard St *Address* 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Augustus,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6, *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Washington Road

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 10 78

Undertaker, Jno. Geo. Gray.

Place of Business, 45 Hanover

C. F. Brune M. D.
Medical Attendant.

Address Balto. Gen Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 107 *Years,* 0 *Months,* *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} No 111 Paca St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) "

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 10th 1878

Undertaker, Wm O Gray

Place of Business, 63 Marley St

B F Bohner M.D.
Medical Attendant.

Address Cor Druid Hill av & Dolphin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~XX~~25653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

GALE'S REGISTER JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jun 8 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Enkert. (Enkert)

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 70 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} (Married) Widow.

Occupation, Needle work.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give street and number.} Peel Street. Baltimore No. 108

Cause of Death, First (Primary,)

Second (Immediate,) Consumption & old ages

Duration of Last Sickness, Two. Years.

All the above information should be furnished by the Physician.

Place of Burial, 1st Ev Lutheran St Paul Cemetery

Date of Burial, June 10th

Undertaker, H. Rochlitz

Place of Business, 246 Eastern Av

Ernst Hamel M. D.
Medical Attendant.

Address 156 S. Wood St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Huckle

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 0 *Years,* 11 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} No 6 Foremans Court

Cause of Death {First, (Primary,) Entero-Colitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 11th 1878

Undertaker, C F Krause

Place of Business, Hanover St *Address,*

B J Snook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reginald Reed

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Born & lived here

Place of Death, {Give street and number} 246 Eastern Ave

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 11th

Undertaker, H. Foelbish

Place of Business, 246 Eastern Ave

J. Ruhrah M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gutzmer

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 3 Chapel

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, June 11th 78

Undertaker, C. M. Fraser

Place of Business, 280 Canton Ave

..... M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June the 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fugmon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 310 Mulberry St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 8 days. (Bad health 11 years

All the above information should be furnished by the Physician.

Place of Burial, H. A. G. Lutheran Cemetery S. T. Knight M. D.

Date of Burial, 11th of June Medical Attendant.

Undertaker, P. Lennert *Address*

Place of Business, 317 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerome Adams

~~Sex~~ *Male or Female,* { Cross out the words not required in this line. }

Age, ~~———~~ *Years,* 3 *Months,* 9 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Infancy

Place of Death, { Give street and number. } Walsh St. 295

Cause of Death, { First (Primary,) Cerebral Irritation / Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 11

Undertaker, J. J. Chalmers

Place of Business, 318 Penna Ave

Chas. O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 11 Wilkes St.

Cause of Death {First, (Primary.) Chronic Albuminia

Second, (Immediate.) Confined to House about 3 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt.

Date of Burial, June 11 "

Undertaker, H. Boeckel

Place of Business, Hanover St 81

R. J. H. Tull M. D.
Medical Attendant.

Address, 102 S. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28660

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other perso[illegible] sooner, if requested so to do, under [illegible] of [illegible].

JUN 11 1878

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth & John W. Cubbin (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 Days.

Color, Col'd.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Shuter St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 11th 1878

Undertaker, The S. Lucas

Place of Business, 56 Jefferson *Address,* Comm. of Health Physician

James F. Stewart M. D.

Medical Examiner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr S. Hunter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25761

HEALTH DEPARTMENT
JUN 11 1878
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smoke.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3. *Years,* 9. *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 64. Amity

Cause of Death, First (Primary,) ~~Diphtheria~~ Diphtheria

Second (Immediate,) Dropsy + Paralysis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 11 th 1878

Undertaker, J B Cook

Place of Business, No 707 N Baltimore street

A H Easton M. D.
Medical Attendant.

Address 523. Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Mary Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 6 *Days*

Color, W.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 713 W. Lombard St.

Cause of Death, First (Primary,) Prostration

Second (Immediate,) 8 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 11th 1878

Undertaker, J B Cook

Place of Business, No 707 West Baltimore Street

Louis E. Horn M.D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Donnelly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Pa

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number} 8 W. Pratt Ave.

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1878

Undertaker, Haughey & Lee

Place of Business, 65 S Broadway *Address,* Baltimore

G. G. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25664

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. D Russell,

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Fifty *Years,* White *Months,* *Days*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Book Agent,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland, Forty Years,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 11th 1878

{*Undertaker,* M. A. Dauer

{*Place of Business,* 94 S. Broadway

J Wesley Chambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Roberts

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 10 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 36 Milliman St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, Sixteen (16) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11. 1878

Undertaker, M. A. Dayis

Place of Business, 74 S. Broadway

G. L. Wilkins M.D.
Medical Attendant.

Address, 44 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 75 *Years,* 3 *Months,* 9 *Days*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mott st No 6

Cause of Death, First (Primary,) Constipation

Second (Immediate,) Dysentery

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ist Church

Date of Burial, June 11th 1878

Undertaker, Jno. H. Dietrich

Place of Business, 23 Pratt St

E. L. Baltzinger M.D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. Lucas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 M *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 125 Essex St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cimetery

Date of Burial, June 11th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av

G. G. Lusk M. D.
Medical Attendant.

Address, Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Davis

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Oxford, Talbot Co Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 44 Pierce St.

Cause of Death, {First (Primary,) Cancer of Stomach
Second (Immediate,) 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetary

Date of Burial, June 11 1878

Undertaker, Wm. F. Burger

Place of Business, 60 East Co

R. C. LEE M. D.
Medical Attendant.

Address, Hanover & Barre sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes uuder his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

epers of Cemeteries in City of Balti- ...ill make returns of all Permits

25769

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Kavanaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 Preston St.

Cause of Death, First (Primary,) Diptheria in throat, Extending to

Second (Immediate,) Laryngitis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 11th 1878

Mahlon Brown M. D.
Medical Attendant.

Undertaker, Chas. T. Herman

Place of Business, 2 W. Eutaw St

Address 68 W. Church St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

{Keepers of Cemeteries in City of Baltimore will make returns of all Permits

No. 25670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rubinetta Wright

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* 2 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 2 mos. 7 days

Place of Death, {Give street and number.} # 554 N. Washington st

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12 June 10 Oclock

Undertaker, George C. Rodenmayer

Place of Business, 28 Eason Pl

W. B. O'Reilly M.D.
Medical Attendant.

Address, 235 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

No. 25671

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Prescott Hush

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ____ *Years,* 8 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 N. Shroeder

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 11

Undertaker, C W Blizzard

Place of Business, 201 Penna Ave

John Howe M.D.
Medical Attendant.

Address, 2 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th of June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eva Abbot

~~Sex, Male~~ or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 29 N. Dallas st.

Cause of Death, {First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 12

Undertaker, John Hennig.

Place of Business, 386 Eden st

E. P. Frank M. D.
Medical Attendant.

Address, 406 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 62 Orchard st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 11. 1878

Undertaker, Charles A White

Place of Business, 35 Granby st

J. E. Gibbons M. D.

Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Nolan Williamson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 411 E Fayette St

Cause of Death, {First (Primary,) Heart disease.

Second (Immediate,) Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1878

Undertaker, Henry K. Mears

Place of Business, 115 N. Gay St

I. N. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Kling

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 14 N. Spring st.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 11th 1878

Undertaker, Fuhrer Bro

Place of Business, 54 N Broadway

T. L. Kuddentown *M. D.*
Medical Attendant.

Address, 166 E. Pacca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gatch

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 93 Columbia Aven

Cause of Death {First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 12th 1878

Undertaker, John S Thacher

Place of Business, No 150 Camden St

J H Kinney *M. D.*
Medical Attendant.

Address, 76 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reardon

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 85 *Years,* 1 *Month,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 98 S. Caroline St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Liberty road Baltimore County

Date of Burial, June 12th 1878

Undertaker, I B Cook

Place of Business, No 707 W Baltimore street

John Hood M.D.
Medical Attendant.

Address, 2 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud E Stemler

Sex, ~~Male or~~ Female, {Cross out the words not required in this Line.}

Age, 4 *Years,* 5 *Months,* 6 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Gilmore & Pratt

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Meningitis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 12th 1878

Undertaker, I B Cook

Place of Business, No 707 W Baltimore street

John Howard M.D.
Medical Attendant.

Address, 2 N Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Donnelly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Pa.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number} 87 S. Caroll. Ave.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 12th 1878

Undertaker, Haughton Bro

Place of Business, 65 S Broadway

G. G. Rauk M. D.
Medical Attendant.

Address, Balto & Mulberry.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magee Pearce

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 252 N Amer ve

Cause of Death, First (Primary,) Scarlet Fever — Pneumonia

Second (Immediate,)

Duration of Last Sickness, 19 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 12th 1878

Undertaker, Geo Schilling

Place of Business, Register St

J Chesney Jr M.D.
Medical Attendant.

Address, 121 S Bond st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of Physic

Board

25681

Permit No. 25

The Physician who atte
ent, to the Undertaker or oth
sooner, if requested so to do

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A

CERTIFICATE OF DEATH.

Date of Death, June 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sir

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Days.

Age, ____ Years, 6 Months, ____

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 276 S. Dallas St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) 9 days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus James A Steuart M. D.

Date of Burial, June 12 1878 Medical Attendant.

Undertaker, Wm. L. Schafer

Place of Business, S. Bond St. Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or oth... or sooner, if requested so to do.

No PER...

This certifies that Joseph Durand
Six months died of Convulsions
June 12 1878
James F. McShane, M.D.
Residence, No. 276 S. Dallas St.
Duration of residence — Since birth
Color White
Date of Death — June 11th 1878
25681

Date of Death, ...

Full Name of Deceased ...

Sex, Male ~~or Female~~, [cr...

Age, ... 18.

Color, ...

Married, Single, Widow...

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 276 S. Dallas St.

Cause of Death, {First, (Primary,) ... Second, (Immediate,) Convulsions

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 14th 1878 James F. Shane M. D.
Medical Attendant.

{Undertaker, Wm. Schofield
Place of Business, S. Bond St. Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Burk

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 71 Shields Al.

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1878

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address* 93 N. Green St.

J. Zeph M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health City of Baltimore

[redacted]TICS.

Permit No. 25683

The Physician who attended any person in a last illness is responsible for the presentation of this [illegible] correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Fetland

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Peach alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Cerebral Inflammation

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1878

James A. Steuart M. D.
Medical Attendant.

Undertaker, Hercules Post

Place of Business, ———

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by James Bailey M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Turner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 73 S. Stricker

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 13th 1878.

Undertaker, Andrew Litz

Place of Business, 11 & Druid Hill ave.

John Neff M. D.
Medical Attendant.

Address, 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Holmes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 97 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington Co. Maryland

Duration of Residence in the City of Baltimore, over forty years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Streets

Cause of Death, {First (Primary,) / Second (Immediate,)} General debility old age

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 13

{*Undertaker,* H. C. Micksfield / *Place of Business,* 90 Greenmount Ave}

Jno. Brooke Boyle M. D.
Medical Attendant.

Address Cor. E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, before the burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 "1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph D Faler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 167 S. Chapland St

Cause of Death, {First, (Primary,) Spinal Infantum

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 12 "1878

Undertaker, H. M. Gibneyer

Place of Business, 341 Caulein Ave

James A Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. J. H. M. Shane

VOL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyrus Hawkins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 9 *Months,* & Seven *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 81 Stockton St.

Cause of Death, First (Primary,) Tuberculosis, caused

Second (Immediate,) Spinal disease & Pulmonary Consumption

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1878

Undertaker, Wm. N. Dungee

Place of Business, No 10 Stockton Alley

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vecco.

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, Seven Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Pratt Wharf, —

Cause of Death, {First (Primary,) — Second (Immediate,) Drowning

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 13 78

Undertaker, John C. Leach

Place of Business, 265 Alliance

D C Ireland M.D.

Medical Attendant.

Address, Coroner C.C.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. Riggin

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 3 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 3 Mo & 18 days

Place of Death, {Give street and number.} 123 West St

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption

Duration of Last Sickness, 3 Months & 18 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, June 13 1878

Undertaker, Charles F. Herold

Place of Business, 191 Sharp St

R. C. Lee M.D.

~~Medical Attendant.~~ Coroner 3d

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. F. Collins.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor. U. States. Navy

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} London. Eng.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 6 Clarkson. Alley

Cause of Death, {First (Primary,) Cirrhosis of the Liver
Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 13th 1878

Undertaker James P Byrne

Place of Business, No 63 N Front St

Edward P Endecott M. D.
Medical Attendant.

Address 137 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 6 "m" 11 "1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Reilly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 75 W. Fayette St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) ____

Duration of last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 13 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Wm Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, JUN [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah & John Fountain

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, [illegible] *Years,* 5 *Months,* [illegible] *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 242 N. Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, all it's Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, June 13 1878

James A Stewart M. D.
Medical Attendant

Undertaker, W. H. Brunger

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Excuse by Dr E. G. Waller [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hoopman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *11 Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 411 E. Fayette St.

Cause of Death { First, (Primary,) Chronic Infantum
Second, (Immediate,) Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, N. Athanasius Cem. *Date of Burial,* June 12 "/78

G. G. Luck *M. D.*
Medical Attendant.

Undertaker, L. M. Frame

Place of Business, No 280 Canton Ave *Address,* Balt. & Stark sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 13 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878 Maryland

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Moyland

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} East St 176

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 13 1878

{*Undertaker,* James D Byrne

Place of Business, N° 63 N Front St

Chas C Donoran M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Ireland

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Allen Bet. Gay & Spring Gardens

Cause of Death First, (Primary.) I did not see this child during life supposed

Second, (Immediate,) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 13, 1878

Undertaker, B Karle

Place of Business, 411 Light St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Pitt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 220 Montgomery

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1878

Sheldon Crist M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp and Cross *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Frank T. Appold

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 262 St Charles St

Cause of Death, {First (Primary,) Acute Duodenitis

Second (Immediate,)

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy Rogers Burial

Date of Burial, Jun 14 1878

..... *M. D.*
Medical Attendant.

Undertaker, Samuel Williams

Place of Business, 35 Park Ave *Address* 33 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Crampton

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* *Months,* One (1) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 145 Gough st.

Cause of Death, First (Primary,) Premature birth, 1 Month

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 13 1878

Undertaker, John T. Crampton

Place of Business, 145 S. Gough St

L. A. Gibbons M.D.
Medical Attendant.

Address, 147 Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 5-7 *Years,* *Months,* *Days.*

Color, Brown *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 32 Dover Str.

Cause of Death, First (Primary,) Bright's disease of the Kidneys,

Second (Immediate,) Bright's disease of the Kidneys.

Duration of Last Sickness, about 3 or 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 1878

Undertaker, S W Chase

Place of Business, 8 Howard

H. P. Morgan M. D.
Medical Attendant.

Address 175 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June the 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Digg

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 89 Orchard St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Uremic

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 13 1878

Undertaker, S W Chase

Place of Business, 11 Hanover St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

K SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11- 78 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Eliz. Butler -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* —— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 12 Stockton al -

Cause of Death, First (Primary,) Cholera Infantum -

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 1878

Undertaker, S W Shive

Place of Business, 1 Howard's

Jno. T. King *M. D.*
Medical Attendant.

Address 76 Edmondson av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June the 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Caulk

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 151 Henrietta St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 78

Undertaker, J. W. Chase

Place of Business, 5 Howard St. *Address,* 262 S. Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Balthaser Horn

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 70 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 98 Pink

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Stricture (Oesofagus)

Duration of Last Sickness, five Month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 13th June

Undertaker, Peter Hummert

Place of Business, 317. Mulberry.

Louis Chs Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daigen. h. Mathews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* one *Days.*

Color, White. *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 172 W. Fremont St.

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number.} No. 172 W. Fremont St.

Cause of Death, First (Primary,)

Second (Immediate,) Prostration,

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery F. B. Gardner M. D.

Medical Attendant.

Date of Burial, June 13th 1878

Undertaker, R. W. Adams *Address* 120 N. Green St.

Place of Business, 172 W. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Medinger

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, wht

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, R R employé

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md.

Duration of Residence in the City of Baltimore, Jenkins alley above wolfe st E

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) consumption of lungs

Second (Immediate,)}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 14th 1878

{*Undertaker,* John L andrews

Place of Business, 4 & 6 bond st

G Lane Tanneyhill M.D.

Medical Attendant.

Address, G Lane Tanneyhill

12 N Bedale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Weil

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Herstein — Bavaria

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number.} N.E. cor of Gilmor & Townsend Sts

Cause of Death, First (Primary,) Fall from 3rd Story of Residence

Second (Immediate,) Comminuted fracture of left upper arm & Simple fracture of left femur & right upper maxilla & of occiput

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Chab Shalom

Date of Burial, June 13th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

F. F. McManus M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...BUREAU OF VITAL STATISTICS.

Permit No. 25707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Stevens

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pomona, Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} Richard St. Hospital

Cause of Death {First, (Primary,) Cirrhosis

Second, (Immediate,) Dr Henry Bronchitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 13th

Undertaker, Wm J Tuckey

Place of Business, 65 S. Eutaw *Address,* 12 Mulberry st

J. W. Middendorf M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, [illegible]more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hill

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, ~~[illegible]~~ *Years,* 4 *Months,* ~~[illegible]~~ *Days*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hanford Road

Cause of Death, {First (Primary,) Cholera infantum / Second (Immediate,) Eclampsia}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th

Undertaker, Wm H Smith

Place of Business, 263 E Eager St

T. Flatten M.D.
Medical Attendant.

Address, 248 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Hays

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Wife Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} Cor N. Central Ave & Johnson St.

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Heart Dropsy &c

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, June 17

{*Undertaker,* P. Mullin

Place of Business,

A. Watson *M. D.*
Medical Attendant.

Address 247 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. N. Swann

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 7 *Years,* — *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 7 yrs & 22 dys

Place of Death, {Give street and number.} 256 Cross St

Cause of Death, First (Primary,)

Second (Immediate,) Inflammation of the Brain

2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 13 78

Undertaker, Amsbury & Perry

Place of Business, No 263 Lexington

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1878 BALTIMORE

Date of Death, June 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Robt P Cummins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 171 E Madison

Cause of Death, {First (Primary,) Accidental fall from scaffolding; Second (Immediate,) Fracture of skull}

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, June 14th 1878

{*Undertaker,* Hughes & Co

Place of Business, 165 S Broadway

Edmund R Walker M.D.

Medical Attendant.

Address Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Franz Lorenz,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White, *Sex,* —

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } —

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, { Give street and number. } 272 S. Broadway,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,) Shock,

Duration of Last Sickness, One Week,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, 13 June 1878

Undertaker, John C. Sinex

Place of Business, 265 Aliceanna

J. J. Sullivan M. D.
Medical Attendant.

Address 116 Frame St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Keasling

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~ *Years,* 1 *Months,* ~ *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Home of parents

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) (Supposed)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 13 1878

Undertaker, James D Byne

Place of Business, No 63 N Front St

Chas. Mohr M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lobithia Keith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 64 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hair dresser

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1421 E Caroline Street

Cause of Death, First, (Primary,) Pulmonic trouble Heart disease

Second, (Immediate,) ____

Duration of last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St cemetery

Date of Burial, June 13th

Undertaker, Theodore Cooke

Place of Business, 56 Jefferson

James E. Dimitt M. D.
Medical Attendant.

Address, 29 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Gaines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, fifty *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 182 Druid Hill Ave

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1878

Undertaker, Thos. J. Sparks

Place of Business, 26 Jefferson St

Whitefield Prince *M. D.*
Medical Attendant.

Address 115 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Dover st

Cause of Death, {First (Primary,) Teething; Second (Immediate,) Convulsions}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, June 13th 1878

Undertaker, Theodore J. Locke

Place of Business, 56 Jefferson st

A Dorling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25717.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline May Robelen

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ~~ Years, ~~ 7 ~~ Months, Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 54 Caroline St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Meningitis (Tubercular)

Six weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, June 14th

Undertaker, P. H. Gray & Sr.

Place of Business, Cor Caroline & Hoffard

Thomas P. Evans M.D.

Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles and Maria Nader

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 354 Mc Donough st

Cause of Death, First (Primary,) six and a half months fatus

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery,

Date of Burial, June 14th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay St

P. L. Dunn M.D.

Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25719

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kaferlein

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* 6 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 24 yrs

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number} 228 S. Amt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of last Sickness, 14 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, June 14 1878

I Saml A Lewis M. D.

Undertaker, H. Favelleck

Place of Business, Canton Av *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr L. F. McShane

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Rosenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5m *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the words not~~ required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 90 Penna. Avenue

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, June the 14th, 1878

{*Undertaker,* M. Rosenthal

Place of Business, Pendleton Av.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Bantom,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 107 S. Dallas St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) Meningitis

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem.

Date of Burial, June 14th 1878

Undertaker, Theo J. Locke

Place of Business, 66 Jefferson

J. G. Kuck, M. D.
Medical Attendant.

Address, Balt. & Mar. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 21 S. Regester St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) asthenia

Duration of Last Sickness, Since Birth - Continuous for 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Mem.

Date of Burial, June 12th 1878

Undertaker, Fred J Rocks

Place of Business, 56 Jefferson

B Z Leonard *M. D.*
Medical Attendant.

Address 26 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25723,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13'

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J H Watts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 278 Argyle ave

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 14th 1878

{*Undertaker,* John J Andrews

Place of Business, 1041 Druid Hill Avenue

S T Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25724.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* About ~~Months~~, 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Sham

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 16 1878

Undertaker, Samil Bowers

Place of Business, 156 Division St

Anthony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25725

The Physician who attended any pe... in a last illness is responsible for the presentation of this Certificate ...ally filled out, to the Undertaker or other person ... sooner, if requested so to do, under pe... JUN ...

NO PERMIT FOR BURIAL ... BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Rikes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 1 *Months,* 1½ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6. Plum Alley

Cause of Death, {First, (Primary,) Second, (Immediate,)} Chol Infantum

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem.

Date of Burial, June 14th 1878

Undertaker, L. LeGrande

Place of Business, Bank St

James Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. A. Bell

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25726

The Physician who attended any [illegible] out, to the Undertaker or other person [illegible] ing the burial, within twenty-four [illegible] sooner, if requested so to do, under penalty of law.

JUN 14 1878

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. J. Lennie Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Parents

Age, [illegible] *Years,* [illegible] *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 96 Lawson alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Premature Birth

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, N. Pubs Cemet

Date of Burial, June 14th 1878

James A. Steuart M. D.

~~Medical Attendant~~

Undertaker, L. LeGourdes

Place of Business, Bank St

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Berry

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #5 Water's Court

Cause of Death, First, (Primary,) ——
Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem[illegible]

Date of Burial, June 15th 1878

Undertaker, J. C. Chalmers

Place of Business, Penn Ave

James A. Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr. S. Baldwin

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Paraway

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, native

Place of Death, {Give street and number.} 26 Dessin St

Cause of Death, First (Primary,) Child birth

Second (Immediate,) Puerperal Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loral

Date of Burial, June 14

Undertaker, James Brackston

Place of Business, No 20 Druid

W W Sothiun M.D.
Medical Attendant.

Address, 192 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the b... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ...ER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgetta Wagel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51 Cambridge St

Cause of Death, {First, (Primary,)} {Second, (Immediate,)} Cholera Infantum

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 14 1878

James A Steuart M. D.
Medical ...dant.

Undertaker, K. Ecklast

Place of Business, 269 Canton Av *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr J. F. M Shane [OVER.]

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Ur... said deceased, or sooner, if req...

No Permit for Burial to be Obtained wit... Undertaker.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Simpson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 375 E. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer M.E. Ch. Md

Date of Burial, June 15th 1878 James A. Steuart M. D.

Medical Attendant.

Undertaker, H. A. Barker

Place of Business, 74 S. Broadway *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ~~furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set~~ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr L. H. McShane

No. 25731

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25731

The Physician who attended any person in a last ... VITAL STATISTICS.
out, to the Undertaker or other person superintending ... accurately filled
sooner, if requested so to do, under penalty of law. ... deceased, or

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 168 Henrietta St

Cause of Death, First, (Primary,) 1

Second, (Immediate,) Diarrhoea

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, June 14th 1878

Undertaker, Hercules Ross

Place of Business, West St

Address, Comm of Health

Thos A Shuck M. D.

Address, Fort Grafton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr. Capt. Bailey

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Cook

HEALTH DEPARTMENT JUN 1878 BALTIMORE

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Nine Months, Fourteen Days.

Color, White,

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 247 E. Lombard St.,

Cause of Death, {First (Primary,) / Second (Immediate,)} Catarrhus Suffocativus, Three days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwartz. Cemetery

Date of Burial, June 16 1878

Undertaker, W. C. Watchman

Place of Business, 191 S Bond St

H. L. Dashiell, M. D.
Medical Attendant.

Address No. 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Sword

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 63 *Years,* 10 *Months,* ..... *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Mary's Co Maryland 47 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 130 S. Ann St

Cause of Death, First (Primary,) inflamation of the bowels

Second (Immediate,) .....

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 14, 1878

Undertaker, H. A. Darjes

Place of Business, 74 S. Broadway

E. P. Sprout M.D.

Medical Attendant.

Address, 406 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A. Sloan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 8 Boyer st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 14th 1878

Undertaker, H. A. Dargi

Place of Business, 74 S. Broadway

Wm H. Hill M. D.
Medical Attendant.

Address 314 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL DEPARTMENT JUN 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Burns.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 107 Eastern Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Hæmoptisis

Duration of last Sickness, Last Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 15, 1878

James E. Donlle M. D.
Medical Attendant.

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway. *Address,* 299 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Mahlgarten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~X~~ 3 *Months,* ~~X~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 111 N. Howard St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauten Park

Date of Burial, June 15th

Undertaker, H Meyer

Place of Business, 106 N. Howard

Foley Jenkins M.D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margarethe Krauß

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 81 *Years,* 6 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 176 Hamburg St

Cause of Death, First (Primary,) old age

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 16th

Undertaker, Henry Boile

Place of Business, Lemmetta St 8th.

G. Liebmann M. D.
Medical Attendant.

Address 68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Brown.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 97 *Years,* *Months,* *Days*

Color, White.

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 144 Aisquith St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 16th 78

Undertaker, Thos D Hughes

Place of Business, 60 E Balto

I. N. Hook M.D.
Medical Attendant.

Address, 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25739

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Kingdel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, domestic work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during her whole life

Place of Death, {Give street and number} 17 Courtland St

Cause of Death, First, (Primary,) Erysipelas head and face

Second, (Immediate,) Confined to Bed Inflammation Uterus & Peritoneum

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1878

Wm Riley ..... M. D.
Medical Attendant.

Undertaker, A. Waysman

Place of Business, Saloon ..... *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathalie Sophia Good

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, ... *Years,* Nine (9) *Months,* Three (3) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 247 N. Wolfe Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Eight Day Ataxy via

Duration of Last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16 1878

Undertaker, Henry Flook

Place of Business, 307 Central Ave

[illegible] M.D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscia M. V. Finke

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days*

Color, Cohile

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 347 N. Central Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Lemetery

Date of Burial, June 16, 1878

Undertaker, Henry Hoak

Place of Business, 30 Central Ave.

Jno. Bruce Boyle M. D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Koestner

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 46 *Years,* 5 *Months,* 14 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 57 Forest Street

Cause of Death, First (Primary,) Cerebral Apoplexia

Second (Immediate,) the same

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery

Date of Burial, June 16, 1878

Undertaker, Henry Hoerle

Place of Business, 304 Central Ave

Henry Seiger M.D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Gaither

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 164 Johnson St.

Cause of Death {First, (Primary.) Premature Birth
Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, June 15th 1878

Undertaker, Armstrong & Dennis

Place of Business, 265 Light St

Theodore Cook M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Fraude

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 127 Forth St between Wash & Eastern Ave

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 16 #

Undertaker, J. Hurle

Place of Business, 411 Eighth Street

Gordon Cook *M. D.*
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 25745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathalie P. L. Clendinen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} 41 Mt Vernon Pl.

Cause of Death, {First (Primary,) Enteric Colite

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 16 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St,

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Velma Hamilton Knight

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 31 Jackson Linard Avenue

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 15th 1878

James E. Donnelle M. D.
Medical Attendant.

Undertaker, Thos S Murphy

Place of Business, 40 E Balto

Address, 292 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ira G. Warren,

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~———~~ *Years,* Nine *Months,* ~~———~~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Child

Occupation, ~~———~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, { Give street and number } 53 S Eutaw St

Cause of Death, First, (Primary,) Marasmus &c

Second, (Immediate,) Asthenia

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 15th 78

D W Cathell M. D.
Medical Attendant.

Undertaker, Thos S Sluys

Place of Business, 171 E Balt St *Address,* 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Kaufe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, *Years,* Seven *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Heath St

Cause of Death, {First (Primary,) Hydrocephaloid

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetary

Date of Burial, June 15th 1878.

Undertaker, Leonhard Kurz

Place of Business, S. Bond Stall No 272

D. E. Lawrence H. Barclay M. D.
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Finn

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 219 Light st.

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,) Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, June 16th 1878

Undertaker, John J. McAndrew

Place of Business, 1646 Druid Hill Ave

H. C. Ives M.D.
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...rmit No. 25750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Triming

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 187 East Lanvale

Cause of Death, First (Primary,) ....

Second (Immediate,) Disease of the Heart

Duration of Last Sickness, 2 y 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

H. H. Tattan M. D.
Medical Attendant.

Address 73 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabett Flick.

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, wht.

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} ~~old age~~ old age - 118 Linden Ave

Cause of Death, First (Primary,) old age -

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lonely Grave

Date of Burial, June 16 1878

Undertaker, John Saulsbury

Place of Business, 412 E Baltimore

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orow Hood Richardson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 04 *Months,* 10 *Days*

Color, Red

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 18 Jordan alley

Cause of Death, {First (Primary,) Chol. infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 15th 1878

Undertaker, Chas J Scriven

Place of Business, 271 N. Eutaw St

G L. Tamphill *M. D.*

Medical Attendant.

Address, 129 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25753

HEALTH DEPARTMENT 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Summerfield Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* seven *Months,* Days.

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 124 N Eutaw St

Cause of Death, First (Primary,) Congestive Chill

Second (Immediate,) Convulsions Infantile

Duration of Last Sickness, Three weeks, One Day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 16 1878

Undertaker, J. W. Chase

Place of Business, 15 Howard St *Address*

Attended *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 25757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo T Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Scholar~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt md

Duration of Residence in the City of Baltimore, 8 Years 4 months

Place of Death, {Give street and number.} 3 Amity St West

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, June 15 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard St

Chas. H. Filler M. D.
Medical Attendant.

Address S W Cor Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June the 12 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adriano Chiuno

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 162 York St.

Cause of Death { First, (Primary,) Chronic Bright's Disease
Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1878

Undertaker, S. W. Chase

Place of Business, 262 Edward St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hewett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 176 Rabun[illegible] Street

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Stamp St Cemetery Chas. H. Pelt M. D.

Date of Burial, June 14 1878 Medical Attendant.

Undertaker, S. W. Chase

Place of Business, S. Howard's *Address* 306 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Elizabeth Bailey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 13 *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 19 Little Pine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 19 Little Pine St

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15 1878

{ *Undertaker,* W Wehrle
Place of Business, W Howard & Lexington

Alfred Hughes M. D.
Medical Attendant.

Address No 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 25758

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

Date of Death, June 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Morgan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Cumberland St. Court

Cause of Death, {First (Primary,) Indigestion / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery Govanstown

Date of Burial, June 15th 1878.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

Corey J Howard M. D.
Medical Attendant.

Address Corey & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~James Johnston~~ June 15. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Johnston.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White ~~Sex~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacco merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Near Belfast Ireland

Duration of Residence in the City of Baltimore, Nearly 58 years

Place of Death, {Give street and number.} 102 Calvert St.

Cause of Death, First (Primary,) Cancer of intestine?

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, June 17th 1878

Undertaker, H B Cook

Place of Business, No 704 W Baltimore street

Henry Smith M. D.
Medical Attendant.
Franklin St.

Address /

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Death No. 25760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Tyson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 24 St Mary

Cause of Death, {First (Primary,) Disease of Kidneys

{Second (Immediate,)} Uræmia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1878

Undertaker, William Jas Gray

Place of Business, 66 Mulberry St

R. M. Vastine M. D.
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, Fifty Six *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Towsontown. Balto Co

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 80 St Marys St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Nearly one Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 16th 1898

Undertaker, Wm Gray

Place of Business, 65 Hanover St.

W. H. Irwin M. D.
Medical Attendant.

Address 57 Lydia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 25762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Hobbs

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color,

Married, ~~Single~~, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 110 McKeldin Ave

Cause of Death, {First (Primary,) Scrofula

{Second (Immediate,) Anæ-Anæmia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 16th 1878

Undertaker, Jno. W. Pickerman

Place of Business, 234 E. Fayette St.

W. L. Purnell M. D.

Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 25763

...e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 8 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} S Broadway & Eutaw Pl

Cause of Death, {First (Primary,) Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16

{*Undertaker,* Abraham Wayman
Place of Business, 908 Saratoga

Edw Ingleby M.D.
Medical Attendant.

Address 57 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Loret

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 52 Lancaster St

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Joseph's Cemetery

Date of Burial, June 16th 78

John H. Rehberger M.D.
Medical Attendant.

Undertaker, J. H. Evans

Place of Business, 224 Gorsuch Ave

Address 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kapuralek

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 26 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Musician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number.} 26 Dorcas Street

Cause of Death, First (Primary,) Angina Ludovici Intus Grave

Second (Immediate,) Pyrexia

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 17th 1878

Undertaker, Chas. Funk

Place of Business, 161 W. Gay St

Jno. Selner M.D.
Medical Attendant.

Address, 6 Eager Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June, 15th, 1878 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rice

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 63 S. Canal

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Four days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick, cemetery

Date of Burial, June 16 1878 A. L. Shortzer M. D.
Medical Attendant.

Undertaker, James D Bigne

Place of Business, No 63 n Front St *Address,* 11 S. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara A. Bell

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* 28 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} No 859 N. Baltimore St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 17th 1878

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore street

James Armitage M. D.
Medical Attendant.

Address No 14 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 E. Madison

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16 June 5 O'Clock P

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, George E. Rodenmeyer

Place of Business, 98 Eneon Block *Address* 43 North Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER

The Special Atte...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15. 18.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Holmes

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Blk

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 162 Ruby

Cause of Death, First (Primary,) Asp. Bronchitis.

Second (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Cemetery

Date of Burial, June 17 1918

Undertaker, William J. Gray

Place of Business, 65 Druid Hill Ave

L. M. Eastman *M. D.*

Medical Attendant.

Address, 249 Ea...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attent[illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2577[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Wallis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Four Years, One Month, Seventeen Days

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #733 W Baltimore St.

Cause of Death, {First (Primary,) Second (Immediate,)} Dysentery

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, June 18/78

Undertaker, J. B. Coates

Place of Business, 707 W Balto St

J. G. Luthiena M.D.
Medical Attendant.

Address, #584 W. Hoffett St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be aseertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Christian Schroeder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 10. *Months,* 22 *Days.*

Color, white *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46, Pearl Street

Cause of Death, {First (Primary,) Liver complaint / Second (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill cemetery

Date of Burial, June 18th 1878

Undertaker, J. B Cook

Place of Business, No 707 W Baltimore Street

Morris Stuvier M. D.
Medical Attendant.

Address 249, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Josephina Reese

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, One (1) *Years,* Three (3) *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ball City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 269 Aisquith Street

Cause of Death, { First (Primary,) Dysentery. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Sixteen (16) Days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Mifflin Cemetery

Date of Burial, June 18, 1878

Undertaker, Henry Rau

Place of Business, 69 Central Ave

H. O'Steen M.D.
Medical Attendant.

Address, 69 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special At...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall B. Piper,

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, —— *Years,* 11 *Months,* 20 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 85 George St.

Cause of Death, First (Primary,) Tuberculosis Pneumonitis &c.

Second (Immediate,) " "

Duration of Last Sickness, about three Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1878

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Staylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 165 N Calvert

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Co.

Date of Burial, 17th June 1878

{*Undertaker,* Hyn. Jenkins & Son

Place of Business, 16 Light St

T. J. Ward M. D.
Medical Attendant.

Address 172 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atte... ...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bethurk.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Property Agent.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Over of his life

Place of Death, {Give street and number.} 216 McCulloch St-

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Chronic Bronchitis,

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 18th June 1878

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St *Address*

Howard Sheets M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sally Ann Hall

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} June 15th 1878

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md.

Duration of Residence in the City of Baltimore, Four Months (Resided

Place of Death, {Give street and number.} #233 Madison St } in Philadelphia)

Cause of Death, First (Primary,) Carcinoma Sigmoid Mesocolon

Second (Immediate,) Asthenia Cancer Intestine

Duration of Last Sickness, About one year, 6 mo. More decidedly.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 17th June 1878

Christopher Johnston M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Att... ...Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brunch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 36 President St.

Cause of Death, First (Primary,) Suppurative cystitis

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. T. Howard M. D.

Date of Burial, Tuesday 18th Medical Attendant.

Undertaker, L. R. Byrnes

Place of Business, Front St *Address* 181 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attenti...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1878

CERTIFICATE OF DEATH.

Date of Death, June 14, 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Moody Father

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ~~[redacted]~~ *Years,* ~~[redacted]~~ *Months,* few minutes ~~*Days*~~

Color, Blk

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, few minutes

Place of Death, {Give street and number.} 169 Orie

Cause of Death, {First (Primary,) Probably from Pedicus Laten

Second (Immediate,) Lee unattended on horseback

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1878

Undertaker, S. H. Chase

Place of Business, S Howard St

Louis M Gastman M. D.

Medical Attendant.

Address, 247

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the REMARKS BELOW, and to LIST of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelheit Weissenberg

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 33 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baden – Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} William Street 1

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 17 June

Undertaker, Th. Faucher

Place of Business, Frederick Avenue

Dr. F. Preinkert M.D.
Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25780 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie M. Jarman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 3' *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, To attend to the family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill – Maryland

Duration of Residence in the City of Baltimore, 3' years

Place of Death, {Give street and number.} 201 N. Calvert Street

Cause of Death, {First (Primary,) Fibrie Abscess, & Diphtheria
Second (Immediate,) Do do do

Duration of Last Sickness, 15' weeks

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Md.

Date of Burial, June 18th 1878

{*Undertaker,* W. H. Jenkins Son
Place of Business, 16 Light St

H. H. Wilson M. D.
Medical Attendant.

Address 126 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 110

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6' Druin Alley

Cause of Death, First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cyrle Point

Date of Burial, June 17

Undertaker, J J Baynes

Place of Business, 338 Bway

M. D.
Medical Attendant.

Address Cor Lombard & Eutaw sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Parcel 1108

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Landy

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 42 Elbow Lane

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 42 Elbow Lane

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1878

Undertaker, Wm N. Dun

Place of Business, 410 Stockton Address 180 W. Fayette St

C. A. Cemin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McCole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 20 Elizabeth Lane

Cause of Death { First, (Primary,) / Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 17th

Undertaker, R. Harle

Place of Business, 711 Light St.

Thos Condon M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Fred. W. Niemyer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 91 Low St.

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 19, 1878

Undertaker, L. L. Roesing

Place of Business, 97 Orleans

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, Hole E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special A... ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg'r Hoak

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 52 Albemarle st

Cause of Death, {First (Primary,) ; Second (Immediate,) Brights Disease of Kidneys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17 1878

Undertaker, M. A. Daige

Place of Business, 74 S. Broadway

J. Ridgway Dunn M.D.
Medical Attendant.

Address, 121 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special At... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Pratt in Ch. No 165

Cause of Death, First (Primary,) Disease of the Mesenteric Glands

Second (Immediate,) Chronic " "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H. N. Shutt *M. D.*

Date of Burial, June 17 — 1878 Medical Attendant.

Undertaker, J. B. Blackistone & Son *Address* 111 Arlington Ave

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Seven *Months,* — *Days.*

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmer al.

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} No. 6 Shields al.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Consumption

Duration of Last Sickness, Seven months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. J. B. Gardner M. D.

Date of Burial, June 15 1878 Medical Attendant.

Undertaker, James Brockstom

Place of Business, No 200 Smith Address 120 W. Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Murray

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, ed

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 57 State St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem Wm F. Lockwood

Date of Burial, June 18 1878 M. D.

Medical Attendant.

Undertaker, Jas Braxton

Place of Business,

Address Balto. Med. Col.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15 75

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex. Warfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Color ..... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 240 Raborg Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1878

Chas. H. Mitt ..... *M. D.*
Medical Attendant.

{*Undertaker,* Wm. A. Danger
Place of Business, S. 10 Mockbee } *Address,* 320 S. Eutaw St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1918

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellena Cook

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 Years, ~ 2 ~ Months, ~ Days.

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} No 18 Portaly

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 18th

Undertaker, H. Fockler

Place of Business, 246 Forter Av

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo D. Wright.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty One *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County Md.

Duration of Residence in the City of Baltimore, Fifty years,

Place of Death, {Give street and number.} 208 S. Broadway.

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, Six hours. "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18 1878

Nicholas L. Bushell M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 54½ Broadway

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Daley

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 239 Hanbury

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 17th

Undertaker, Wm J. Turner

Place of Business, 65 S. Eutaw

D. J. Sullivan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie S. Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Five Months, Four Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Eutaw St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Dr Lemuel H Burch* M. D.

Medical Attendant.

Date of Burial, June 17th 1878

Undertaker, S. M. Leonard Son *Address*

Place of Business, 782 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Connelly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* ..... *Days.*

Color, ...

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ct Meath Ireland

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} House for the aged Cor. of Eden and Valley sts

Cause of Death, {First (Primary,) Paralysis — Second (Immediate,) One month —

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, June 19th 1878

Undertaker, Henry Shultheis

Place of Business, Monument St

Jno. Burke Boyle M. D.
Medical Attendant.

Address 116 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attent... ...thea...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie McCubbin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 4 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 279 E. Madison St.

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) 4 wo weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Baltimore St.

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 1116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25796

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JUN 18 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schneider

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 48 N. Caroline St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Cerebral Inflammation

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 18th 1878

James A. Clemens M. D.
~~Medical Attendant.~~

Undertaker, R. Hoffmeyer

Place of Business, 637 N. Eden St *Address,* Comm. of Health

H Negro Bur

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Signature by Dr E. Lee Keedle

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Tipps

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 2 yrs. 3 mos

Place of Death, {Give street and number.} Durham st. nr. Monument.

Cause of Death, First (Primary,) Pseudo-Membranous Laryngitis

Second (Immediate,) Dyspnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 18th June

Undertaker, Jacob Bucher

Place of Business, 224 Canton Ave

W. B. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Thompson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Boilermaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} No 11 Amistead Lane

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 18th 78

Undertaker, C. F. Krause

Place of Business, 209 Hanover st.

J. C. Buch M. D.
Medical Attendant.

Address 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Boreau, Mission, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25799.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bokel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Cor Calvert & Pratt Res Harrison near Gay

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Probably

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, June 19th 1878

Undertaker, Henry Hoeck

Place of Business, 30 N. Eutaw Av

Edmund R Walker M. D.
Medical Attendant.

Address Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... Attested

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Godfrey Schnapper

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Thirty ~~0~~ *Years,* ~~10~~ 8 *Months,* —— *Days*

Color, White

~~Married~~ Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, About fifteen years

Place of Death, {Give street and number.} At 125 Sandtager Alley

Cause of Death, First (Primary,) Tracheal Consumption

Second (Immediate,) Debility —

Duration of Last Sickness, About Fifty years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 18th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

D. L. Rudow M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Griffen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 416 S. Charles St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Phthisis

Duration of last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 18 1878

Theodore Cook M. D.
Medical Attendant.

{ Undertaker, James P. Byrne
{ Place of Business, N° 63 N. Front St | Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Fairchild Glanville

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 533 McDonough St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 533 McDonough St.

Cause of Death, First (Primary,) Chronic Diarrhea

Second (Immediate,) "

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, June 19th 78

Undertaker, Wm. H. Hutchinson

Place of Business, 224 N. Eutaw St.

" Curtis Wagner M.D.
Medical Attendant.

Address, 18 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lentz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Days

Place of Death, {Give street and number} 212 Hillen St

Cause of Death { First, (Primary,) — Second, (Immediate,) Phthisis

Duration of last Sickness, 23 months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19

Undertaker, P. Secrest

Place of Business, N. 35 S. Eutaw St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Whitelock De Corms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, Since 1855

Place of Death, {Give street and number.} No 94 Carrollton Avenue

Cause of Death, First (Primary,) Ovarian Tumor

Second (Immediate,) Paralysis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial,

Jos. Longallanti M. D.
Medical Attendant.

Undertaker, Hyndeustins & Son

Place of Business, 16 Light St *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1109

AK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 25805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Kelley

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Peach Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lord Sumetary

Date of Burial, June 18 1878

Undertaker, J Davis

Place of Business, 103 Lee St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Bates

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 300 South

Cause of Death, First (Primary,) Acute Congestion

Second (Immediate,) Bronchitis Pulmonary Consumption

Duration of Last Sickness, Six Months ill

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20

Undertaker, John Henry

Place of Business, 736 Orleans St.

W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Getzendanner

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* Ten *Months,* Seventeen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 134 Mc Elderry st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Effusion in the brain

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, June 19th

Undertaker, George Schilling

Place of Business, cor of Aisquith & Monument st

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & Mc Elderry st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25808

The ~~Physician who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretth Rink

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} In rear of # 71½ Hanover St

Cause of Death, First (Primary,) consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

R. Alves M.D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Goggin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 147 N. Saratoga st

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 18th 1878

Undertaker, D. H. Byrne

Place of Business, 64 N Liberty

James A Steuart M. D.

~~Medical Attendant.~~

Coroner's Physician & Registrar

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rockbridge Co: Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 392 Eutaw Place

Cause of Death, {First (Primary,) Gastric Catarrh / Second (Immediate,) Inanition

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chicago Ill —

Date of Burial, ...

Undertaker, Henry W Deutsch & Co

Place of Business, 16 Light St

P. C. Williams M, D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Hill

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878 7 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Levi

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation, X

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 392 Eastern Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, Several Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 19 June 78

Undertaker, E Hersey

Place of Business, 96 S Eden St

Lewis E. Daniels M. D.
Medical Attendant.

Address, 211 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lanck

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... 9 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 433 W. Pratt St

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Spasms

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Ashurst Cemetery

Date of Burial, May 19th

Undertaker, C. Steinbach.

Place of Business, 307 W. Baltimore St.

C. J. Buddenbey *M. D.*
Medical Attendant.

Address, 166 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 25813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Insley

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 Hargrove Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cem

Date of Burial, June 18 1878

Undertaker, H C Wedefield

Place of Business, 90 Greenmount Av

Address, Comm of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr J. H. Scarff

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 120 S Paca St

Cause of Death First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetaries

Date of Burial, June 19th 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

J H Emmey M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Boarder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Collins Ave 111

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bal Co Alms House M. D.

Date of Burial, Jun 19th 78 Medical Attendant.

Undertaker, J. H. Cook *Address* 28 North Gilmor

Place of Business, Same Notice

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Williams

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty one *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City 31 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pat. 1240 Eden .

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 19th 1878

Undertaker, Adam Fink

Place of Business, 71 Gay St

D. C. Ireland M. D.

Medical Attendant.

Address, Coroners E.S.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Schneider

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Born, Life

Place of Death, {Give street and number} 340 Light St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Meningitis

Duration of last Sickness, Hour and ½.

All the above information should be furnished by the Physician.

Place of Burial, B. Mem. Cem. Co.

Date of Burial, June 19th

Undertaker, B. Hart Co.

Place of Business, 411 Light St.

J. O'Donnington M. D.
Medical Attendant.

Address, 332 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 25818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Teacle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* nine 8 *Months,* *Days.*

Color, Light Colour

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, nine [redacted] Months

Place of Death, {Give street and number.} No 8 Fulton st

Cause of Death, First (Primary,) Hot weather

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19

Undertaker, C H Blizzard

Place of Business, 201 Lemar

C B F Bohren M. D.
Medical Attendant.

Address Cor of Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bonhage.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fourteen *Years,* Nine *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} Off Elevator "B" B. T. C.

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Patto Cemetery N. C. Ireland M. D.

Date of Burial, June 19th at 4 Oclock PM Medical Attendant.

Undertaker, Geo Shilling

Place of Business, Monument & 4th Sts Address Corner E. Mist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Stevenson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 208 North Wolf Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, June 16 18

Undertaker, George T. Shilling

Place of Business, Co. Keyser & Monument

Milton N. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Fall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~~ Years, ~~ Months, 17 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 419 Saratoga St

Cause of Death, {First, (Primary,)} {Second, (Immediate,)} Convulsions

Duration of last Sickness, a few Minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 20th 1878

Undertaker, Mc. France

Place of Business, 280 Canton Av

Jamin A Steuart M. D.
~~Health Officer~~ Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Information by Casper Fall Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25822,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Kattenbach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 197 S Fremont

Cause of Death {First, (Primary,) } {Second, (Immediate,)} Chronic of the Brain

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, June 19th

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 146 Hanover St

Newton Cort E. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Wheeler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 21 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number} 37 S Sharp St

Cause of Death, First, (Primary,) Pulmonary & Laryngeal Phthisis

Second, (Immediate,)

Duration of last Sickness, Six or Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, June 19 1878

Undertaker, M. A Dwyer

Place of Business, 74 S. Broadway

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel, D. Hobbs

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 110 McKeldin St

Cause of Death, {First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 19th 1878

{*Undertaker,* Wm. H. Christman

Place of Business, 23 S. Gay St.

W. L. Russell *M. D.*

Medical Attendant.

Address, 1 Broadway

Madeira Hill

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Allen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, {Give street and number.} 61. Patuxent St.

Cause of Death, First (Primary,) Inflammation of Liver

Second (Immediate,) Chronic Inflam of Stomach

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1878

Undertaker, C. Eckhert

Place of Business, 269 Canton Ave

J. H. Martin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Pate

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 19 Wilkens St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 19 1878

James J Bailey M. D.
Medical Attendant.

Undertaker, C. Kimball

Place of Business, No 60 Lexington St

Address Cor. Holliday & Water

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary N. R. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 Years, ——— Months, ——— Days.

Color, Anglo-Saxon *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married —

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Louisburg N Carolina

Duration of Residence in the City of Baltimore, 30 Years —

Place of Death, {Give street and number.} 121 Carrollton Ave —

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,) 6 weeks,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, North Carolina

Date of Burial, — —

Wm. R. Powell M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 553 W Fayette St *Address* 89 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1114

Board of Health, City of Baltimore,

Permit No. 25828 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878 at 3 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} annie Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 Y 5 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 45 Dewbery alley

Cause of Death, First (Primary,) ...

Second (Immediate,) Heart disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 21 st 1878

E. C. Richardson M. D.
Medical Attendant.

Undertaker, J. B. Corl

Place of Business, No 707 W. Baltimore Street — *Address* 302 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Spasms

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 19 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mabury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

Date of Death, June 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rasch

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 107 S. Clyde St.

Cause of Death, First (Primary,) Phthisis Tuberculosa pulmonum

Second (Immediate,) Haemoptoë

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 20th 1878

Undertaker, Henry Sander

Place of Business, 169 Canton Ave

J. Mathews M.D.
Medical Attendant.

Address, 245 S. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

Date of Death, June 18 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Sullivan -

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 0 *Months,* 0 *Days.*

Color, black -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, as above -

Place of Death, {Give street and number} 22 Lombard Sh -

Cause of Death {First, (Primary,) Scarlatina -
Second, (Immediate,) asthenia -

Duration of last Sickness, 2 weeks - (?)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19. 1878

Undertaker, Hercules Ross

Place of Business, 1045 Conway St.

B J Grove M. D.
Medical Attendant.

Address, Cor Green & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate E Keagle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ten *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} N 300 N. Gay St

Cause of Death, First (Primary,) ———

Second (Immediate,) Scarlatina

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19, 1878

Undertaker, M. A. Daye

Place of Business, 74 E. Broadway

A. P. P. Yeates M. D.
Medical Attendant.

Address 132 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Etta Lentz

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 82 N Caroline St

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 20th 1878

Undertaker, Theodore Locker

Place of Business, 56 Jefferson St

J. Ridgway Foute M.D.
Medical Attendant.

Address, No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 360 N Fayette St.

Cause of Death First, (Primary,) Lesion of the Heart disease

Second, (Immediate,) a few Minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 20th 1878

Geo G Ogle Comm'd M. D.
Medical Attendant.

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St. *Address,* 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878. 10.45 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Folson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 months ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number.} 5 ½ Elbow Lane

Cause of Death, First (Primary,) Enteric Colitis

Second (Immediate,) debility

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, June 20 1878

W. R. Seeger M. D.
Medical Attendant.

Undertaker, S. W. Frare

Place of Business, S. W. Frare *Address* 57½ Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Lewis

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months,* 0 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #15 Rose St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1878

Undertaker, J. W. Lehnare

Place of Business, 260 Ward St.

W. J. McDowell M. D.
Medical Attendant.

Address 290 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention

Board of Health, City of Baltimore,

Permit No. 25837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Anne Doutler,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number} 272 E. Pratt st

Cause of Death { First, (Primary,) Chronic Pharyngeal
Second, (Immediate,) Cardiac Disease }

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem.

Date of Burial, June 21 1878

Undertaker, John Brown.

Place of Business, 159 Fedgwick st

G. H. Luck M. D.
Medical Attendant.

Address, Balt. & Luck sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lars Braner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 11 *Months,* 0 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, (Butcher)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Marburg Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 84 Division St.

Cause of Death, { First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, a few days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, 21 June

{ *Undertaker,* George Shilley

{ *Place of Business,* asst monument 27

L. H. Heilmann M. D.
Medical Attendant.

Address 120 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 25839

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 20 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shultz d. Fred Shultz

Sex, Male or Female, {Cross out the words not required in this line.} Male (Boy)

Age, — *Years,* — *Months,* 2 Hours Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 33 W Fombd St.

Cause of Death, {First (Primary,) Forceps delivery
Second (Immediate,) Asphyxia

Duration of Last Sickness, Made a few gasps after birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1878

Undertaker, Jacob Miller

Place of Business, No 21 Harrison st

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 258440

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mollie Gwin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 163 N. Lombard St

Cause of Death, {First (Primary,) Parturition

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Wesleyan cemetery

Date of Burial, June 20th

David Sneath M. D.
Medical Attendant.

{*Undertaker,* J B Cook

{*Place of Business.* 707 W Pratt St Baltimore

Address Md Maternite - 163 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

Permit No. 25841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 7 *Months,* ..... *Days.*

Color, Light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} No 74 Sarah Ann st

Cause of Death, First (Primary,) unknown

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1878

Undertaker, S W Shaw

Place of Business, S Howard cor Lexington st

B F Bohm M. D.
Medical Attendant.

Address Cor Dolphin & Bof

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Ninety Six *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Mc Elderry & Caroline sts

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Disintegration of the entire brain

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, June 20th 1878

Undertaker, Wm H Hutchman

Place of Business, 234 N Gay St.

Hilton & Taylor. M.D.
Medical Attendant.

Address, Broadway & Mc Elderry st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 25843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virgie Hunter

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 86 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } North Carolina

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } 79 Union St

Cause of Death, { First, (Primary.) Apoplexy

Second, (Immediate.) ____

Duration of last Sickness, about 3 days but has been sick several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21

Undertaker, Wm H Malden

Place of Business, 335 Nicanor

R Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Franklin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 22 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 349 Scott St

Cause of Death, First (Primary,) ———

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 20 - 1878

Undertaker, Wm Weaver

Place of Business, Eutaw St.

Jno. J. Clarke M. D.
Medical Attendant.

Address W. Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Edw Jarrett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} ~~Fremont~~ & South st No 20

Cause of Death First, (Primary,) Killed by a Mule

Second, (Immediate,)

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 19. 1878

Geo C Gilmore M. D.
Medical Attendant.

Undertaker, James S Brockton

Place of Business, No 20 Biddle *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 25846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Bruscup

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 242 E Fayette St

Cause of Death, First (Primary,) Gastro Entritis

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21st 78

Undertaker, Fry & Son

Place of Business, 37 N Broadway

Geo I Kinnamon M. D.
Medical Attendant.

Address 72 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimo

Permit No. 25847

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wesley

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 29 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 35 Williamson

Cause of Death { First, (Primary,) ; Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 20

Undertaker, F Davis

Place of Business, 103 Lee St

Thos Courtney M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 25848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JUN 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kinsler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, very old age unknown Yrs, about 87 ~~Months~~, ~~Days~~. Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, too old to do anything

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't know

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 14 Burns alley

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, three years.

All the above information should be furnished by the Physician.

Place of Burial, Laugh St Cemetery

Date of Burial, June 20 1878

Undertaker, Wm James Gray

Place of Business, 65 Hanover St

H. D. Barker M. D.
Medical Attendant.

Address 152 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 25849

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the communication of this certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rauch

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 59 years

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give street and number} 30 N. Bond St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Heart disease

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 21 1878

James A. Steuart M. D.
~~Medical Attendant~~

Undertaker, A. Kochler

Place of Business, 241 E. Fond

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. E. Geo Waller [COR.]

Board of Health, City of Baltimor

Permit No. 25880

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Watkins

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 6 Abraham St

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 21st 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 116 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 25887

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Paul Cadogan

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~Years~~, 5 *Months,* ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Mulberry St.

Cause of Death, First (Primary,) Colera Infantum

Second (Immediate,) Prostration

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 21st 1878

Undertaker, Mathew Cadogan

Place of Business, 228 Mulberry St

Louis (illegible) Dunn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 8. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25852 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R Peacock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Horse dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 354 Washington Av-

Cause of Death, {First (Primary,) Pleuro Pneumonia
Second (Immediate.)

Duration of Last Sickness, 12 days—

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, June 21st 1878

Undertaker, ~~Wm Hubbard~~ W H Hackman

Place of Business, ~~62 Hollaway~~ Address 43 n Calvert
No 234 Fay to

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25853

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mazie King Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 52 S. Broadway – cor of Pratt St.

Cause of Death, First (Primary,) Chronic Enteritis

Second (Immediate,) Gradual asthenia

Duration of Last Sickness, 18 months or more

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 21st 1878 J. C. Chew M. D.

Medical Attendant.

Undertaker, Keighler & Co

Place of Business, 65 S Broadway *Address* 1411 Lancaster St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 25854

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizebeth Russell

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 1[illegible] W Lombard

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Heart Disease

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 20th 1878

Undertaker, [illegible]

Place of Business, 234 W Gay St

Wm. L. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person~~ superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART. JUN 21 1878 BALTIMORE

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Neitzel

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* ~~.....~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 35 Rue St. Balto. city

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) .....

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Connel

Date of Burial, June 21 1878

Undertaker, H Feilbach

Place of Business, Carlton ave

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kyle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 614 Light St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Apoplexy

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, 22 Jun June

Undertaker, John Heneage

Place of Business, 336 Eutaw St.

Barlow Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Margret McLaughlin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 184 Stirling st.

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 21st 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Jno. Burke Boyle M. D.
Medical Attendant.

Address, 116 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 25858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bosbes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 S. Collington Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, 21st June 1878

Undertaker, K. Eckhardt

Place of Business, 269 Caution ave

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lebuck

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Three (3) *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Nazon alley

Cause of Death First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western B. Cemetery

Date of Burial, June 20th /78

Undertaker, L. D. Gourdé

Place of Business, *Address,*

Geo C C Comm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rhyn

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Gloucester Co Virginia

Duration of Residence in the City of Baltimore, about 3 yrs

Place of Death, {Give street and number.} 108. Elbow Lane.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22

Undertaker, James Brackston

Place of Business, No 20 Druidhill Ave

Dan F. Garnett M.D.

Medical Attendant.

Address, 158. S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* Seven *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 14 Chestnut Ct.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, June 21

Undertaker, James Brackston

Place of Business, 1020 Druidhill Ave

Dr Lancy H Barclay M. D.
Jr Homeopathic Fan Dispy
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This. No.

Board of Health, City of Baltimore,

Permit No. 25862

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 the 10 26 pm

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Reuther Reuter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66. *Years,* 5. *Months,* 3. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Schumacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19.

Place of Death, {Give street and number} 170 Little Green Street

Cause of Death, First, (Primary,) Pulmonary

Second, (Immediate,) General Dropsy

Duration of last Sickness, Seven Wks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 23rd.

Undertaker, F. N. Frolk

Place of Business #131 Hanover St *Address,* St. Nord Eutaw

John F. Fitzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherina Haskamp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Mde *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 mo

Place of Death, {Give street and number.} 883 W. Pratt St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, June 21st 1878

Undertaker, P. Kennedy

Place of Business, 217 Mulberry St *Address* 5 Franklin St

Wm. Moore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 25864

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21- 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Neb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* one *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 5- Cont Cit

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Cont St-

Cause of Death, First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jun 23

Undertaker, J. J. Holtzhaus

Place of Business, 338 Penna Av

M. D.
Medical Attendant.

Address Penn & Mt Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Cath Bonnioser

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Day.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 88 Hull St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Westport Cem

Date of Burial, June 22 1878 James A Steuart M. D.

~~Medical Attendant~~

Undertaker, J. C. Koehler

Place of Business, Sharp & Cos *Address,* Comm of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. S. A. Bell [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 25866

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gates

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Switzerland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} Little George St. No 20

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, June 23

Undertaker, J E Hough

Place of Business, 319½ Penn^a Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 25867

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Mc Devitt

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 yrs. 5 mos. 9 days

Place of Death, {Give street and number.} 358 E. Madison st

Cause of Death, First (Primary,) Pseudo Membranous Laryngitis

Second (Immediate,) Dysfonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comet.

Date of Burial, June 23 1878

Undertaker, John Herlihy

Place of Business, 386 Orleans St.

M. B. O'Reilly M.D.
Medical Attendant.

Address, 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 25868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
22
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. miley

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} City Hospital. (Cor. Saratoga & Calvert Sts)

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 22 and 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Wm Gombel M.D.
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 25869

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Wilhelm Infant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} N° 99 Madison " Unk

Duration of Residence in the City of Baltimore, 8 Yr

Place of Death, {Give street and number.} N° 65 Sterling "

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22 June 3 Oclock P

Undertaker, George C Rodenmayer

Place of Business, 38 Exeter St

J H Whitman M. D.
Medical Attendant.

Address 28 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25871

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] HEALTH DEPT. JUN 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna S Dietz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 209 Preston St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, June 23 1878

Undertaker, Peter Kummer

Place of Business, 317 Mulberry

D G Keller *M. D.*
Medical Attendant.

Address 29 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 25871

OFFICE OF REGISTRAR OF VITAL STA

JUN 22 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stoler.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 08 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria, Germany

Duration of Residence in the City of Baltimore, 3 7 Years

Place of Death, {Give street and number.} 129 Saratoga St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, About 12 Months,

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, June 22 1878

Undertaker, J Kummert

Place of Business, 317 Shuttercraft

John. A. Kroh M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 1878

Permit No. 25872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} The illegitimate child of George Rendel and Barbara Dillmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, 30 minutes after birth

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 29 Town st

Cause of Death, First, (Primary,) } dark & raw, has been attended by a Midwife Unknown

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, June 22d 1878

Undertaker, Thos Fry

Place of Business, 91 Eden Av

G C Rendel M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 25873

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John~~ William. Grace

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 33 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Woodhuckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 124 Hamburg St

Cause of Death, {First (Primary,) Chronic Gastritis

Second (Immediate,) Dysentery

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetry

Date of Burial, June 23d 1874

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

L. C. Bruch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S

Permit No. 35874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hall

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Five *Months,* Nine (9) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 298 N. Canal Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23, 1878

Undertaker, Henry Flock

Place of Business, 309 Central Ave

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 25875

OFFICE OF REGISTRAR OF VITAL STATI

BOARD OF HEALTH JUN 22 1878 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Franklin Brauer

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* Eight *Months,* one *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 182 East Madison St.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 182 East Madison "

Cause of Death, {First (Primary,) Organic disease of Brain
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 June

Undertaker, George Shilling

Place of Business, Corner Risquit & Monument St.

Geo. H. Watson M.D.
Medical Attendant.

Address, 18 Risquit St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

This Special Attention

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* about 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, House 14 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, { First, (Primary,) } marasmus

{ Second, (Immediate,) } Spasms

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 22 1878

Undertaker, Saml Brown

Place of Business, 152 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 25877

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth Hewitt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 46 N. Strieker

Cause of Death, {First (Primary,) Heart Disease, Dyanic / Second (Immediate,)}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 23rd 1878

Undertaker, Chas. A. Ponder agt

Place of Business, No 378½ W Balto

J. J. Keller M. D.
Medical Attendant.

Address 87 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimor

Permit No. 15878

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norman Graham

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 hours

Place of Death, {Give street and number} Cor of Fulton & Augusta Pls

Cause of Death, First, (Primary,) Congenital Debility

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 23

Undertaker, E C Graham

Place of Business,

[illegible] D.

Medical Attendant.

Address, 133 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 25875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of G Thomas

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* — 1 *Months,* 6 *Days*

Color, Red.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} — Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 49 Jenkins alley

Cause of Death, {First (Primary,) Tetanus

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, June 22. 1878.

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St.

C Lane Tanehill M.D.

Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25886

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Henry

Sex, Male or Female, { Cross out the words not required in this line. } female

Age, ... *Years,* ..... 4 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 19 S. Wolfe st

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catheral

Date of Burial, 3½ Oclock

Undertaker, H. Mc. Gibmeyer

Place of Business, 341 Canton ave

G. L. Daniels *M. D.*
Medical Attendant.

Address, 27 N Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 25881

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUN 1878 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Dankelfeld

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ✓

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 100 Richmond

Cause of Death, First (Primary,) Cramps Colic

Second (Immediate,) Collapse due to heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ref. Hebrew Cemetery Cemetery

Date of Burial, June 23.

A Friedenwald M. D.
Medical Attendant.

Undertaker, H. Mayer

Place of Business, No 106 North Howard Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 25882

OFFICE OF REGISTRAR OF VITAL S

HEALTH DEPART... JUN 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Planter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No. 339 S. Bond St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23rd 1878

Undertaker, Wm. H. Eichman

Place of Business, 234 S. Bay St

C. C. White, M. D.
Medical Attendant.

Address 341 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25883 OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian A. Pascal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 59 Fair Mount Avenue

Cause of Death, First (Primary,) Sudden & total abstinence after years of hard drinking

Second (Immediate,) Typhoid fever

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery F. A. McManus M. D.

Date of Burial, June 23rd 1878 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Chafee Randleton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female 9

~~*Married,* *Single,* *Widow* or *Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 129 Balto St

Cause of Death, {First (Primary,) Embolism

Second (Immediate,)

Duration of Last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 24th 1878

G. R. Jones M. D.
Medical Attendant.

Undertaker, R. Simmons

Place of Business, No 92 N. Howard *Address* Samuel S. Randleton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No 25885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas McWilliams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 ~~5~~ *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} Por Chew & Sterling

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Old

Date of Burial, June 23/78

Undertaker, George Schilling

Place of Business, Augusta Monument Co

S. Hall Pudtedge M. D.
Medical Attendant.

Address 151 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Redmond.

Sex, Male or Female, {cross out the word not required in this line.} female.

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, as above.

Place of Death, {Give street and number} No 7 Kings Ct. Court.

Cause of Death First, (Primary,) Diffuse Bronchitis.

Second, (Immediate,) Apnoea.

Duration of last Sickness, About four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, June 22nd 1878

Undertaker, L. L. Gourdc

Place of Business,

B. F. Evans M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country (and how long in United States, if of foreign birth.) } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetry

Date of Burial, June 21st 78

Undertaker, L. L. Gourde

Place of Business,

[illegible] M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 25888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otelia Williams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 7 Peach Alley

Cause of Death { First, (Primary,) Acute Inflammation of Brain
Second, (Immediate,) Chronic

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, June 22 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 25887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 274 Montgomery St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 22d 1878

Undertaker, Saml. W. Chase

Place of Business, ____ *Address,* ____

James A. Clement, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

~~Permit No.~~ 25890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles | Boyer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 41 McHenry

Cause of Death {First, (Primary,) Pericarditis

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 22

Undertaker, J B Cook

Place of Business, 707 West Balto *Address,* 76 Pleasant

J H Emmet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 25891

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 d Jan 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Mathews Meiller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~94~~ *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 88 Canal St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~88 Canal~~ 13 Albemarle St Albemarle St

Cause of Death, First (Primary) Diphtheritic croup

Second (Immediate)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Monday 2 O'clock June 24th

W. F. Newman *M. D.*
Medical Attendant.

Undertaker, Jacob Muller

Place of Business, No 21 Harrison St. *Address* 120 Druid

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Minnie Eppler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* 11 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 419 E. Lager Lk

Cause of Death, First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 of June

Undertaker, Adam Finck

Place of Business, 461 W. Lay St

Address, 321 N. Broadway

H. W. Wells M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Minnie Ifsler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* 11 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 419 E. Lazer Lane

Cause of Death, First, (Primary.) Cancer of Liver

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 of June

Undertaker, Adam Finck

Place of Business, 461 W. Gay St *Address,* 321 N. Broadway

W. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. G. BRUGGER & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Mullen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 7 Months, —— Days.

Color, Black *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} No. 40 Cowans Ct.

Cause of Death, First (Primary,) ——

Second (Immediate,) Consumption

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 25

Undertaker, J C Dorsey

Place of Business, Park st

F. B. Gardner M. D.
Medical Attendant.

Address 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1878 REGISTERED

Permit No. 25895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Willis

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} ~~Male~~

Age, ... *Years,* ..... *Months,* Thirty Six hours *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #274 Hallem St.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 22 1878

Undertaker, Jno. B. Blackstone

Place of Business, 606 W Baltimore St

J. G. Lintheicum M.D.
Medical Attendant.

Address, #284 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 25896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Ewen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 minutes *Days.*

Color, ed

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 50 York St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) " "

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 22" 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

James A Steuart M.D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible]hysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]d the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25897 (25897)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 23 1878

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Denneck

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 383 N. Pa

Cause of Death, {First (Primary,) — Second (Immediate,) Apoplexy

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, June 24th

Undertaker, G. Grimbard

Place of Business, 389 N. Paca St.

C. C., *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 23 1878

CERTIFICATE OF DEATH.

Date of Death, 21st June.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Grinnage

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, ~~Black~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 160 N. Spring St

Cause of Death, {First (Primary,) Spinie disease and Catarrh

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cematary

Date of Burial, June 23 1878

Undertaker, Wm. H. Dunges

Place of Business, No. 69 East St

Geo. H. Mayer M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 28 1878

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothy Ann Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* 10 *Months,* 20 *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Worker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 S. Bethel St.

Cause of Death, First, (Primary,) Tubercular Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23, 1878

Undertaker, Wm. H. Burgess

Place of Business, 46 (2) East St

John S. Smith M. D.
Medical Attendant.

Address, 101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Percy Payne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* two *Months,* three *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — Single

Occupation, — None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 5 Little Vine St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary Eugene F. Cordell M. D.

Date of Burial, June 23d 1878 Medical Attendant.

Undertaker, Wm. H. Danger

Place of Business, No 10 Mechanic *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ayers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath, England

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 46 E. Eutaw St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 24th 1878

Undertaker, Geo. Schellang

Place of Business, Undertaker & Embalmer

Address No 1 E. High St

Geo. H. Griffenstine *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McDermott

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 87 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Marble Mason

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number } 89 N Howard St

Cause of Death { First, (Primary.) Old age / Second, (Immediate,) Paralysis

Duration of last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 23d 1878

Undertaker, H. A. Dwyer

Place of Business, 74 S Broadway

Sheridan Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stuke

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Forty five *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give street and number.} No. 6 Essex St.

Cause of Death, First (Primary,) cancerous diathesis

Second (Immediate,) cancer of the Uterus

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 24. 1878

Undertaker, M. A. Dauger

Place of Business, 74 S. Broadway

Milton A. Taylor. M.D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dise s on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALT. JUN 23 1878

CERTIFICATE OF DEATH.

Date of Death, June 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Thompson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 110 Chesnut Alley

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " "

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Cassel Cemetery

Date of Burial, June 23 1878

Undertaker, John C. Jordan

Place of Business, 63 Park Ave.

W B Browne M. D.
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Dean

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 ~~Years,~~ ~~Months,~~ 17 hours ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 E. Pratt St.

Cause of Death, First (Primary,) Premature birth.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday June 23/78.

W. T. Howard M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, 63 Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 25906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Carter

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 54 China St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Bridge St Cemetery

Date of Burial, June 24 1878

Undertaker, Edward White

Place of Business, S. Howard St

E. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zacharich Jones

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* Seven *Months,* ..... *Days*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Parish St. No. 46

Cause of Death, {First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 23, 1878

Undertaker, S W Chase

Place of Business, S. Howard St

F. W. Patterson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 23 1878

CERTIFICATE OF DEATH.

Date of Death, June 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Matthews

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 69 Hanover Line

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, June 23 1878

Undertaker, Charles A White

Place of Business, 33 Granby st

J Dimitt Norris M. D.
Medical Attendant.

Address, Cor. Schroeder & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lamar H Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number.} cor Dolphin St & Division

Cause of Death, First (Primary,) Renal disease

Second (Immediate,) Convulsion

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 24th

G H Adams M. D.
Medical Attendant.

Undertaker, C A Blizzard

Place of Business, Cor Pen Ave & Dolphin St Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Adolph Diener,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* 18 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 N. Howard St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 24 1878

Undertaker, Peter Kunnert

Place of Business, 317 N. Eutaw

John J. R. Bozel M.D.
" " "
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore

Permit No. 25911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Layton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 144 Chew Street

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 24 1878

Jas A Steuart M. D.

Undertaker, Jay & Bro

Place of Business, Broadway

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. D. Hunter

[OVER.]

Board of Health, City of Baltimore

Permit No. 2594

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Angermeyer

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 58 *Years,* 2 *Months,* 8 *Days*

Color,

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Lithographer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (29 years)

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 261 N. Fremont St

Cause of Death, First (Primary) Insuffie. valv. tricuspit; Hydrops. univers.

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 1/4 month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 25th 1878.

Undertaker, Ph. Seewald.

Place of Business, 35 S. Eutaw St

L. Guttmann M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25913.

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th. June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Geisler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} Canton Avenue 449

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cimetery

Date of Burial, June 24th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

William Henkel M. D.
Medical Attendant.

Address S. Wolfert. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 25914

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jabez, A. [illegible]

Sex, Male or Female, { cross out the word not required in this line. }

Age, _____ *Years,* _____ *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 312 Bank

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Meth. Cemetery P R

Date of Burial, June 24 1878

Undertaker, Frye Bro

Place of Business, 54 N Broadway

Wm L Russell M. D.
Medical Attendant.

Address, Private Practice

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roda. Thomas.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 115 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number} No 273 Chapel st

Cause of Death, {First, (Primary,) Old Age.

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel [redacted]

Date of Burial, June 23 1878

Undertaker, J. Mullin Singer

Place of Business, [redacted] 69 East St

Thos. E. Woods M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0741.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles J. Klueber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 2. *Months,* 11 *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holstein (Stein) Germany – 19 years in ~~Baltimore~~ U.S.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 222 N. Broadway

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Fracture fistula from large cavities in Lungs 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery S. C. Chew M. D.

Medical Attendant.

Date of Burial, 25th " June 1878

Undertaker, George Shilling *Address* 141 Lanvale St.

Place of Business, Asquith and Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Bleck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor Paca & O'Donnell

Cause of Death, {First (Primary,)} Cholera Infantum

{Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 24th

E Lowe Williams M. D.
Medical Attendant.

Undertaker, Wm. Shilling

Place of Business, Eutaw and Camden Sts

Address 17 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kaspar Bonder

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 178 S Madeira St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24

James D. H. Shane M. D.
Medical Attendant.

Undertaker, M. Dippel

Place of Business, S Bond and Bank *Address,* 66 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George P. Kane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mayor of the City of Baltimore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 St Paul St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem F. T. Miles M. D.

Medical Attendant.

Date of Burial, 25th June 1878

Undertaker, H. & W. Deaver & Son *Address* 24 Cathedral St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25920.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hale

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 *Days*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 209 Chestnut al

Cause of Death, First (Primary,) Mt Regular disease of Lungs

Second (Immediate,) —

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1878

Undertaker, R. Chas Gray

Place of Business, 65 Mulberry St

L. McEastman *M. D.*

Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1871

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 519 N. Lexington

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, about 12 months.

All the above information should be furnished by the Physician

Place of Burial, Wyther Cemetery

Date of Burial, June 24

Undertaker, J. B. Cook

Place of Business, 404 West Baltimore

A. H. Sexton *M. D.*
Medical Attendant.

Address 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial within [illegible] sooner, if requested so to do, under penalty of [illegible]

NO PERMIT FOR BURIAL CAN BE O[illegible] WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grimes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 369 West St

Cause of Death, {First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 weeks — always delicate

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 25th 1878 James A Steuart M. D.

Medical Attendant.

Undertaker, S. H. Blake

Place of Business, Eutaw St *Address,* Comm of Health

Exam by S. A. Bell [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Male) Grant Cooper

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 269 Mc Dunough St

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, June 24 1878

D M Bathell M. D.
Medical Attendant.

{*Undertaker,* Charles A White
{*Place of Business,* 35 Granby st *Address* 21 Boundary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

~~*Date of Death*~~, Isabella Lorey died June 23d 1878

~~*Full Name of Deceased*~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

~~*Sex, Male or*~~ *Female*, {Cross out the words not required in this line.}

Age, 26 *Years*, *Months*, *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 384 Eastern Ave

Cause of Death, {First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 26th 78

Undertaker, M. Francis. *Address.* 245 E Balto

Place of Business, 280 Eastern Ave

R Lothian M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jones.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, Black *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Smith st.

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Bronchitis

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 24

Undertaker, James Brackston

Place of Business, no 20 Druid hill Ave

S. Henderson, *M. D.*
Medical Attendant.

Address Cor. Pine & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas A. Woods

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 152 Battery Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Brooks & Baltzell M. D.

Medical Attendant.

Date of Burial, June 24th 1878

Undertaker, Armstrong & Lemmy *Address* 175 St Paul St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John [redacted] Reid

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 19 Days.

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 5 Rui Lt

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cons. Cem

Date of Burial, June 24.

Undertaker, Abraham Waymon

Place of Business, 30 Saratoga

W. L. B. Sillman M. D.
Medical Attendant.

Address 274 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Smith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 21 Lambert St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24

Undertaker Hercules Rex

Place of Business, 94 Lombard St *Address* 93 N. Green St.

J. Fepke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Johnson

Sex, ~~*Male,*~~ *Female,* { cross out the word not required in this line. } Female

Age, One *Years,* four *Months,* [illegible] *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 95 S Bethel St

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Lewis's Cemetery

Date of Burial, June 24 1878

John S. Lynch M. D.
Medical Attendant.

Undertaker, W. Hammerbacher

Place of Business, 1062 East Fayette *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Emma Wasing

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 — *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 219 Madison Ave

Cause of Death, First (Primary,) Cerebral Effusion

Second (Immediate,)

Duration of Last Sickness, 17 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 25th 1878

Undertaker, H. H. Jenkins Son.

Place of Business, 16 Light st

H. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Lee

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, Nurse

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} 92 St Paul st Western Ave.

Cause of Death, First (Primary,) .....

Second (Immediate,) Cirrhosis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25

Undertaker, John K. Madden

Place of Business, 833 N Howard st

H. T. Kemble M.D.

Medical Attendant.

Address, 186 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ___ *Years,* 1 *Months,* ___ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ___

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 85 Harmony Court

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1878

J. Shellman Hill M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Howard St

Address, 432 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 25933

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Small

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Chestertown Md.

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give street and number.} Marion Street Court

Cause of Death, {First (Primary,) Disease of the heart

Second (Immediate,) Apnea

Duration of Last Sickness, Died Instantaneously

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25, 78

{*Undertaker,* S W Chase

Place of Business, 8 Hollowell

Patterson M. D.
Medical Attendant.

Address, Albert

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Schild

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 71 Somerset St

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfans Cemty

Date of Burial, Jan 26th 78

Undertaker, Adam Fink

Place of Business, 461 W. Jos St

Jno Burke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Table of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Koehler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn N. York

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 55 Portland St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Croup

Duration of last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, June 25

Undertaker, Wm Elam

Place of Business, 101 Gough St

A. L. Skillman M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jun - 27 - 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Brendan

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.} M

Age, 54 *Years,* *Months,* *Days*

Color, Wh

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Brewmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} W. S. Republican Office

Cause of Death, First (Primary,) Chronic pulmonary

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 26/78

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

J Thomas M. D.
Medical Attendant.

Address, 245 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lowry Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 9 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ashland Virginia

Duration of Residence in the City of Baltimore, Ten months

Place of Death, {Give street and number.} 118 South Eutaw St.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) one week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, June 26/878

A. T. Bell M. D.
Medical Attendant.

Undertaker, Jos. H. Lowe

Place of Business, 568 W Balto St *Address* 306 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Jones.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* 3 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, Farmer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 425 N Lexington St

Cause of Death, First (Primary,) Bright's Disease of Kidneys.

Second (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 26

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

John L R Thayer M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 25959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Duff Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 2 Upton St

Cause of Death, {First (Primary,) ... Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1878

Undertaker, Wm Jones Gray

Place of Business, 65 Monroe St

C Winslow M. D.
Medical Attendant.

Address 237 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phoeba Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 29 Biddle, Al.

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1878

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill ave.

J. Ellis M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Carr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Conductor P. W & B. R R

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md.

~~Duration of~~ Residence ~~in the City of Baltimore~~,

Place of Death, {Give street and number} S. E. Cor Eastern Av & Exeter St

Cause of Death {First, (Primary,) Accident

{Second, (Immediate,) Sudden Death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Magnolia Balto. A Engelbergen MD 29 N. Eutaw St

Date of Burial, June 28th 1878 C M. Woolf M. D.

Undertaker, Thos J Hughes Medical Attendant.

Place of Business, 64 E Baltimore St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 11 14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25942

The Physician who attended any person in ~~a last~~ illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martha Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* — 15 *Days.*

Color, Negress *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestnut St Balto: City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Tyson St Balto:

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1878

Undertaker, Wm E Gordon

Place of Business, 66 Park Ave

T. H. Buck M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25943,

The Physician who attended any person during his last sickness, must fill out this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen White

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Reese's alley

Cause of Death, First, (Primary,) Phthisis Pulmonum

Second, (Immediate,)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, July 26 1878

James A Steuart M. D.

Medical Attendant.

Undertaker, S. W. Cypert

Place of Business, E. Fleet St

Address, Comm'r of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr S. A. Bell

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, withiu *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Stoffenc

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 47 — *Years,* — 6 — *Months,* ..... *Days.*

Color, White

Married, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} No 9 Lancaster st

Cause of Death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,) — Dropsy

Duration of last Sickness, — Four Months —

All the above information should be furnished by the Physician.

Place of Burial, C. Elsonia Cemetery

Date of Burial, June 28th 1878

Undertaker, Leonhard Feurz

Place of Business, 1. Bond St. W. 277

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daisie Elizabeth Miller

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, ... *Years,* Six *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, nothing

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City Maryland

Duration of Residence in the City of Baltimore, consumptive

Place of Death, { Give street and number. } Nº 120 S Charles St

Cause of Death, First (Primary,) Phthisis Hereditary

Second (Immediate,) Atrophy

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th

Undertaker, Hercules Bois

Place of Business, 95 Conway St

T. F. Dyer ..... *M. D.*

Medical Attendant.

Address, No 141 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25-78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen [illegible] Mollinan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, one *Years,* Eight *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 161 N. Carrollton ave.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Uremia.

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 26th 1878

John J. King *M. D.*
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 76 Edmondson ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie E. Price,

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, One *Years,* Seven *Months,* Five *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 157 N Stricker st Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 157 N Stricker st

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 26th

Undertakers' Stewart Mason

Place of Business, 35 Park av.

J. G. Smithmeyer M.D.
Medical Attendant.

Address, # 584 W. Hoyle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker ~~or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ann Godwin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* 2 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 6 Carlton St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 26th 1878

Undertaker, Wm H. Dunges

Place of Business, No 10 Stockton Ave

Eugene F. Cordell M. D.
Medical Attendant.

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bordelon,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Negro — *Sex,* Male —

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co., Va —

Duration of Residence in the City of Baltimore, 9 years —

Place of Death, {Give street and number.} Rice st. near Gilmor —

Cause of Death, First (Primary,) Acute Bright's —

Second (Immediate,)

Duration of Last Sickness, 4 months —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1878

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Wm H. Dunges

Place of Business, No 10 Stockton Aly *Address* 217 Lawall —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kraft

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 170 Gough St.

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, June 26 1878

{*Undertaker,* Phillip Kraft

Place of Business, Washington D.C.

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 & 119 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1115

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

Date of Death, June 24th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 22 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sigel.

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} No 43 Durham Street. Baltimore

Cause of Death, First (Primary,) ...
Second (Immediate,) Consumption

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Johnsville Cem.

Date of Burial, June 26th 78

Undertaker, Jno. Franck *Address*

Place of Business, 280 Eastern Ave

Chas A Heimel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Hara

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 2 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Ireland~~ Baltimore

Duration of Residence in the City of Baltimore, 2 Years 18 Days.

Place of Death, {Give street and number} 76 Barre St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) 6 Days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 27

Undertaker, J B Cook

Place of Business, 707 West Pratt St. *Address,* 379 W. Lombard St.

D L Phelan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hunt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} cor. John & Dolphin st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) —

Duration of Last Sickness, not known: seen by me just before her death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 25th 1878

{*Undertaker,* Chas. T. Scriven

Place of Business, 211 N. Eutaw st

S. C. Chew M. D.
Medical Attendant.

Address 141 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Roberts

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Nine *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 133 E. Aunt st.

Cause of Death, {First (Primary,) Premature,
Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29, 1878

Undertaker, H. A. Darzer

Place of Business, 74 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Curtis

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 15 - Chestnut St

Cause of Death, {First (Primary,) Want of Development

Second (Immediate,) Tetanus — Lockjaw

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25

Undertaker, James Bruckstor & Co

Place of Business, 10 Druidhill Avenue

W W Anthony M.D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Virginia Perkins

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 9 *Years,* 2 *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 15 Chestnut Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suppression of Urine

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25

Undertaker, James Bracklin & Co

Place of Business, No 20 Smithhill Ave

W M Austin M.D.

Medical Attendant.

Address, 147 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Mitchell

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 1 1/2 Biddle near Caroline

Cause of Death, { First (Primary,) ..... Second (Immediate,) Consumption 2 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager Cemetery

Date of Burial, June 28

Undertaker, James Buchanan

Place of Business, No 20 Druid

J. H. Price M.D.
Medical Attendant.

Address, 1001 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 218. Hilliard St

Cause of Death, {First (Primary,) Prematur Birth only 6 mo
Second (Immediate,)}

Duration of Last Sickness, ~~Hours~~, Gestation -,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem'y

Date of Burial, June 27 1898

W. B. Atlee, M. D.
Medical Attendant.

Undertaker, Simon Denn

Place of Business, 263 Lyon St

Address 17 Hanover Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or otherwise, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

Date of Death, June 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza D. Morris

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 416 Light St

Cause of Death First, (Primary,) Over dose of Chloroform

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 27th 1878

Undertaker, Wm. Dean

Place of Business, 265 Light

Sherlock Swann & Co M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Buckmaier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 76 Lyndall St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Cerebral Effusion
Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, June 27 78

Undertaker, Armstrong & Davis

Place of Business. No 26 Light

J. C. Buch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard. Fillmore Hammad

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~1~~ *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 George St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 27th

Undertaker, C. H. Blizzard

Place of Business, 201 Penna ave

G. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elitzabetta Wiegand

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Seven *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Druid Hill Ave

Cause of Death { First, (Primary,) Marasmus
, Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 27th 1878

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

Saml E. Powell M. D.
Medical Attendant.

Address, 29 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25963,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

Date of Death, June 26 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Conner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Cty

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 502 Low Ave

Cause of Death, {First (Primary,) Pneumatic Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27th 1878

{*Undertaker,* Andrew Eil

Place of Business, 11 & Druid Hill Ave

H. J. Huber M. D.
Medical Attendant.

Address Corner Pratt & Fremont Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvin A. Burness

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* nine *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 58 South Exeter St

Cause of Death, {First (Primary,) Marasmus; Second (immediate,) Haemorrhage of Bowels

Duration of Last Sickness, Two & a half months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetery

Date of Burial, June 28th 1878

Albert Lyman *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address* 375 E. Baltimore St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Offley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 62 St Mulliken St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1878

{ *Undertaker,* Mary J Locke
Place of Business, 54 Jefferson St

Saml T Powell M. D.
Medical Attendant.

Address, No 29 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27. 1878. 3.16 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ann Delcher

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, One Years, Five Months, Twenty Eight Days.

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 88 S. Carey Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 S. Carey Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Blood to head.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md. Cal. Co. 1/2 K

Date of Burial, June 28 1878

Undertaker, J B Cook

Place of Business, No 767 W. Baltimore Street

W. Ottenbein Coombs M. D.
Medical Attendant.

Address Stricker & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Register 1116

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarah V Jones

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, One *Years,* 4 *Months,* 1 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 329 Saratoga St

Cause of Death, {First (Primary,) Second (Immediate,)} Diptheria Croup

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 27

Undertaker, C W Blizzard

Place of Business, 201 Penna

Louis L Dorn *M. D.*
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Fullum

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number} 416 W. Lombard St.

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate,) Spasms

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28th 1878

A. L. Spicer *M. D.*
Medical Attendant.

Undertaker, P. Kummet

Place of Business, Mulberry St. *Address,* 379 W. Lombard "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Margreth~~ Snyder June 24th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Margreth Snyder

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 283 N. Howard

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy.

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 283 Howard

Louis C. B. Horn M.D.
Medical Attendant.

Undertaker, H. Meyer

Place of Business, 106 Nord Howard

Address, 226 Mulberry.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Richard Connelly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, ____ Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. E. Cor. Eastern Ave & Wolfe St.

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Fredericks Cemetery

Date of Burial, June 27th

Undertaker, John Lake

Place of Business, No 195 C Bolton

Samuel C. Brauer M. D.
Medical Attendant.

Address, 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 2897 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thos. W. Stockett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 73 S. Gilmor St

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Ventricular Effusion Convulsions

Duration of last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C—

Date of Burial, June 27, 1878

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

John Neff M. D.
Medical Attendant.

Address, 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28972

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rodill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 180 S. Regester St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cmitery

Date of Burial, June 28th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

John H. Rehburgar M.D.
Medical Attendant.

Address 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Morton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* and 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 18 Mulberry St

Cause of Death, {First (Primary,) Senile Decay
Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 28/78

Undertaker, R. Renwick, Jr.

Place of Business, 92 N. Howard St *Address*

D. D. MacKenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sophia Montgomery

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 29 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ohio

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 427 W Hay St

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) —

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 28th 1878

Undertaker, H B Cook

Place of Business, No 707 W Baltimore street

M. McLaughlin M.D.
Medical Attendant.

Address, 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27. 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amy L. Dingkelly.

Sex, ~~*Male*~~ *or Female,* { Cross out the words not required in this line. }

Age, ... *Years,* 13. *Months,* ..... *Days*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 262 Bond St

Cause of Death, { First (Primary,) Enteric Colitis.

Second (Immediate,) 6 days. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1878

Undertaker, Henry W Mears

Place of Business, 459 W Fay St

L. W. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas P Kilpatrick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Packer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} No 161 Gough st

Cause of Death, First (Primary,) Cirrhosis Cancer of Neck

Second (Immediate,) 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1878

Undertaker, Hughes & Co

Place of Business, 63 & 5 Broadway

W. T. Coke M. D.
Medical Attendant.

Address, 235 Gough st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26, 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Henry Moran~~ Catherine Moran

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* 26 *Days.*

Color, White *Sex,* Fem.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 Bath St.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 17 Bath St.

Cause of Death, { First (Primary,) Teething. / Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, June 29th

W. P. Morgan *M. D.*
Medical Attendant.

{ *Undertaker,* Geo. Schilling
{ *Place of Business,* Ashland Square *Address* 175 Paratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archer Coules "

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, One Months, Four Days.

Color, Black *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 144 Preston St.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 12 Welch al.

Cause of Death, First (Primary,) Cattarrh

Second (Immediate,) Prostration.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. B. Gardner M. D.

Date of Burial, June 28th 1878 Medical Attendant.

Undertaker, John Jas. Gray *Address* 120 N. Greene st.

Place of Business, 63 Fulton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Toliver

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 10 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 48 Boyd St.

Cause of Death, {First (Primary,) Atrophy / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western B. cemetery

Date of Burial, June 27th 1878

Undertaker, L. Le Gourde

Place of Business, 197 Bank St

H. W. Webner M. D.
Medical Attendant.

Address 320 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...sician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...f death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elemanda Tarlton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Marys Co Md 5 Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 482 S. Chase st

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, June 28th 1878

Undertaker, Wm H Hohman

Place of Business, 234 W. Gay St

Jno. Brodie Bryle M.D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~John I. Hurst~~ June 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John I. Hurst

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, fifteen years

Place of Death, {Give street and number.} 58 Monument St.

Cause of Death, First (Primary,) Cancerous Abdominal tumor

Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 28

Undertaker, C. W. Glisson

Place of Business, 201 Penn ave

H. H. Hitch M. D.
Medical Attendant.

Address 251 Med. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 25782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elis A. & John A. Adams Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 Hours Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 245 N. Chapel St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, June 28 1878

James A. Steuart M. D.
~~Medical Attendant.~~

Undertaker, H. Schuelthes

Place of Business, Monument St

Address, Commiss of Health & Chapel

Extract from Regulations of the Board of Health to secure a full and correct report of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June ~~May~~ 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Trefz

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ~ 1 ~ *Years,* ~ 5 ~ *Months,* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 222 Eastern Avenue

Cause of Death, First, (Primary,) Meningitis (Acute)

Second, (Immediate,)

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 28th 1878

Thomas D. Evans M. D.
Medical Attendant.

Undertaker, Leonhard Feiss

Place of Business, S. Bond Street No 272

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 1 week

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 29. 1878

Undertaker, Louis Bowers

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ Months, 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, House 6 days

Place of Death, { Give street and number } St Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 29. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 N Gallow St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Zolcinska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 7 *Months,* 13 *Days.*

Color, ——— White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number.} 11 Albemarle St. Balto. Md

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,)

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, June 28th 1878

Undertaker, Albert Zolcinska

Place of Business, 11 Albe St

Address 341 E. Baltimore

S. P. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 12 1/2 P.M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Knight

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 106 S. Exeter St

Cause of Death First, (Primary,) Acute Bronchitis

Second, (Immediate,) Adynamia Incipiens

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cem.

Date of Burial, 9½ oct 29 ins

Undertaker, Mr. Burns

Place of Business, Front St

A. Engt Thurston M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lucas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, about 7 yrs

Place of Death, {Give street and number.} aged Mens Home

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Relapse of same disease

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 29 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

L. Lashmet M. D.
Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, Sixty three *Years,* —— *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 367 Hallem

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 29/78

Undertaker, N W Tomlinson

Place of Business, 16 Light St.

J J Smullin M.D.
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Law of Disinterment on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

Date of Death, ~~Alice Rhoads~~ June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rhoads

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~21~~ *Years,* 18 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Balt. Infirmary

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, June 28th 1878

Undertaker, L. D. Goudé

Place of Business, Supt W. P. C.

T. A. Ashby M. D.
Medical ~~Attendant~~.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 25991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 59 East St

Cause of Death, First, (Primary,) Cleal Insanitum

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, June 28 1878 James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, A Waymans

Place of Business, Salaby Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by E. Lee Wells M. D.

The Special Attention of Physicians is Respectfully Invited to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ballard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 233 Orleans St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 233 Orleans St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Inflammation of the Brain

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 29 1878

Undertaker, Charles A White

Place of Business, Granby St *Address,* 237 Orleans St

J. D. Iglehart *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. L. Grout

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 83 Fork St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Croup

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Wood Bine Cemetery Baltimore & O. Rail Rd

Date of Burial, June 29th 1878

Thurlow Cox M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No 1117

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22. June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana Kinnarde

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} N. Jackson Square Square

Cause of Death, First (Primary,)

Second (Immediate,) febris nervosa Typoida

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 June

Dr. [illegible] M. D.
Medical Attendant.

Undertaker, John Hennessy

Place of Business, 386 Orleans St. *Address* 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 25995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

Date of Death, June 27 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Lynch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 27 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England 5 years

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 141 Canton Ave

Cause of Death, { First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 29th 1878

Undertaker, Chas Gibbmeyer

Place of Business, 341 Canton Ave

Address, ____

J. F. Hume M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 25990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June, 27th 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Powell

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 84 Granby St

Cause of Death { First, (Primary,) 7 mo's child

Second, (Immediate,) Adynamia Inan.

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, June 28th 1878

A. Lingenheckler M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty Address, 118, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mcnacky

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} [redacted] Durham St.

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Parkel Cemetery

Date of Burial, June 28th 1878

Jno. B. O'Reilly M.D.
Medical Attendant.

Undertaker, Theodore Locke's

Place of Business, 56 Jefferson Address. 233 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 25998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

Date of Death, June 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Pollard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Keeping House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Born & Lived

Place of Death, {Give street and number.} Cor Augusta & Eastern Ave

Cause of Death, First (Primary,) Chronic Diarrhea 1 day

Second (Immediate,) Consumption 1 year

Duration of Last Sickness, 1 year & 1 day

All the above information should be furnished by the Physician.

Place of Burial, Waverley Balto Co

Date of Burial, June 29th

A Gibbons *M. D.*
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address* 447 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 25999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia Rebecca Lee Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Two Months, Days.

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Brewers Alley

Cause of Death, First (Primary,) Cholera infantum

Second (immediate,)

Duration of Last Sickness, About a week, only saw it once dying then

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery Elias C Price M. D.

Date of Burial, 29 June Medical Attendant.

Undertaker, J J Chaires Address 262 Madison Ave

Place of Business, 238 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob & Trench

Sex, Male or Female; {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cilly

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} No 10 Bartlett ~~Alley~~ St.

Cause of Death, {First (Primary,) Colora Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druidhill, Luthern Burying Ground

Date of Burial, June 29th 1878.

Saml Enterline M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

Address 582 W. Lombard Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Certificate.

Board of Health, City of Baltimore,

Permit No. 26001

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1878

Date of Death, June 28th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kunigunda Lastina

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Years,* ..... 8 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 28 S. Durham St.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alphonsus Cem.

Date of Burial, June 30th 78

{*Undertaker,* E. W. France

{*Place of Business,* 280 Eastern Ave

D. L. Dance, M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 26002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the present, to the Undertaker or other person superintending the burial, within twenty-four hours sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CE[illegible]

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Dwedy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 171 S. Spring St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Schartes Cem

Date of Burial, June 30 1878

Undertaker, W. Waltemeyer

Place of Business,

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr J. F. McSherry

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26003

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEP JUN 29 1878 BALTIMORE

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Brown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Three *Months,* Ten *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} No 4 Peach alley

Cause of Death, First (Primary,) Scrofula Meningitis

Second (Immediate,) Atrophy of Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th

Undertaker, Hercules Sons

Place of Business, 96 Commerce St

L. D. Lopez M. D.

Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

Date of Death, June 29 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Geo~~ Robert Sealy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5- Liberty - House

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 10- days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 30 1878

Undertaker, George Salfrau

Place of Business, 21 Saint Paul Street

* J. Hoen M. D.
Medical Attendant.

Address Camp & Preston Sts.

Color

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ctfully invited to the remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP JUN 29 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos Gross

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 *Years,* 7 *Months,* 6 *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, 1 y. 7 m. 6 d.

Place of Death, { Give street and number. } Spring Gardens

Cause of Death, { First (Primary,) Accidental

Second (Immediate,) Drowned

Duration of Last Sickness, Hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29. 1878

Undertaker, S Wilmer

Place of Business, 8 Howard st

H. G. Lee M.D.
Medical Attendant.

Address. Howard & Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP'T JUN 29 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 26 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Cooper

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days*

Color, Blk

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 2 1/2 Years

Place of Death, {Give street and number.} 14 Rise St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Colitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1878

Undertaker, C. W. Chase

Place of Business, 8 Howard St

Louis M. Eastman M. D.
Medical Attendant.

Address, 349 Ca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Anderson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 19 Clarett alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Clarett alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) 1st Day 6

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, June 28 1878

Undertaker, S W Chase

Place of Business, S Howard St

J W Shuff M. D.
Medical Attendant.

Address 260 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26008 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEP. JUN 29 1878 BALTIMORE

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry, Clyde, Reed.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Powhatan Ballo. Co. Md.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number.} N. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria 8 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, June 30th

Undertaker, Peter Kimmert

Place of Business, 317 Mulberry

Edward P. McDevitt M. D.
Medical Attendant.

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 26009

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 26009

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ewing

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 339 S. Bond Street

Cause of Death, First, (Primary,) Scald

Second, (Immediate,) Convulsions

Duration of last Sickness. 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, June 30th 1878

Undertaker, Leonard Vau

Place of Business, S. Bond St. No. 277

James E. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 26010

Board of Health, City of Baltimore,

Permit No. 26010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sellers

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 155 S. Eden St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cancer of the breast.

Duration of last Sickness, eleven months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 30th 1878

Undertaker, ____

Place of Business, ____

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP'T JUN 29 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Simpsons

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No Mc Eldery St.

Cause of Death, First (Primary,) Hemorrhage from

Second (Immediate,) Anemia & Peritonitis.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29 1878

Undertaker, Geo Schluderis

Place of Business, Aisquith St

Wm H. Norris, M. D.
Medical Attendant.

Address 65 N. Charles & 183 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26012 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 29 1878 BALTIMORE.

Date of Death, June 28th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Hutchins Lively

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number.} 39 Moore Alley

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) "

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th '78

{*Undertaker,* Wm. F. Bishop Jr.

{*Place of Business,* 97 Druid Hill Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.} John Gotfried Rank

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 33 Parish St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Peritonitis from perforation of intestine.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 30 June 1878

Undertaker, Ph. O'Dill

Place of Business, 183 Columbia ave

W. G. Requier M.D.

Medical Attendant.

Address, 100 Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except~~ in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 28 June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Meyer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Corner of Caldwell & Eastern Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30th June 1878

Undertaker, Adam Funk

Place of Business, 461 North Gay St.

C. H. Coffman M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26015.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Elizth. Kellogg

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 9 Plum Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Cemetery

Date of Burial, June 27

Undertaker, J. Davis

Place of Business, No. 103 Lee St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H. Carter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 9 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 359 Mulberry St

Cause of Death First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, F. C. County

Date of Burial, June 30th 1878

Undertaker, John L Hacker

Place of Business, No 150 Camden St

Lewelow Carter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No 1118

No. 2[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 26017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 to 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Slackmaker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elliot Mills Howard Co

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 634 W Pratt

Cause of Death, First, (Primary,) Dissipation

Second, (Immediate,) Typhoid

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 30

Undertaker, J B Cook

Place of Business, 707 W Pratt Address, [illegible]

Saml Ensor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 26018 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassandra Wise Skinner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} 246 Myrtle Ave.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 30th 1878

A Friedenwald M. D.
Medical Attendant.

Undertaker, John S. Weaver

Place of Business, # 22 W. Fayette St. *Address* 81 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 26619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Bond & Humpstead Sts

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Cerebral Inflammation

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 30 1878

James Kemp M. D.

Undertaker, John Bowers

Place of Business, 153 S. Regester *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. J. F. M Shaw

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bernhard

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, One *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, (illegible)

Place of Death, {Give street and number.} Corner Carolain & Canton Ave.

Cause of Death, First (Primary,) (illegible) Cholera Infan

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th

Undertaker, Henry Bein

Place of Business, 4252 Aliceanna St.

A. C. Adams M.D.

Medical Attendant.

Address, Corner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Male ~~Female~~

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 567 Cr. Lexington

Cause of Death, {First (Primary,) Epilepsia Centralis duration 22 years. Second (Immediate,) Apoplexia.

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 30th 1878

{*Undertaker,* H. M. Jenkins Son *Place of Business,* 16 Light st

Address 523 Lexington

A. A. Sartain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ition of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th... No. 2

Board of Health, City of Baltimore,

Permit No. 26025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

Date of Death, June 28 D

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Rooks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 120 Park Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E B Park Cemetery

Date of Burial, June 30th

Undertaker, Patrick Mullen

Place of Business,

James A Steuart M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1898

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Hannah Mc[illegible]

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Dorchester Co Md.

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, { Give street and number. } Home for the Aged,

Cause of Death, { First (Primary,) Tuberculosis / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 30th 1898

Undertaker, John Thacher

Place of Business, No 150 Camden

[illegible] Lane Compton M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

Date of Death, June 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Gardner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 14 S. Mar. St.

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 30th 1878

Undertaker, Heughes & Co

Place of Business, 65 S. Broadway

G. G. Kuhl M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ation of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Austin Eugene Banks

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ 9 *Months,* ____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 124 N Dallas St

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1878

Undertaker, Wm N. Daniel

Place of Business, No 62 ~~and~~ St

Wm. L. Nunn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 26626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, One *Years,* 6 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 2 Street

Cause of Death, { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1878

Undertaker, Wm J Quinn

Place of Business, No 62 East St

Wm J Quinn *M. D.*
Medical Attendant.

Address, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[974R.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Inglis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 Poulton St

Cause of Death, First (Primary,) Chronic progressive Anaemia

Second (Immediate,)

Duration of Last Sickness, Indefinite - Confined 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1878

Undertaker, Andrew Zell

Place of Business, 118 Druid Hill Ave

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Sauer-

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 21 *Years,* 4 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 322 Park Ave

Cause of Death, {First (Primary,) Pulmonis Oedema

Second (Immediate,) Exhaustion

Duration of Last Sickness, Sick 6 or 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday July 1st 1873

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ction of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 21129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Litschke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} S. E. Cor. Canton Avenue & Washington St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 30th

Undertaker, Henry Snyder

Place of Business, 250 Canton Ave

James L. Howe M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. T. Carr

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annapolis Md,

Duration of Residence in the City of Baltimore, 2 mos,

Place of Death, {Give street and number.} S. E. Cor. Register & Gough sts.

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 30th

Undertaker, Henry Sander

Place of Business, 252 Canton Ave,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 6 1 1 3 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Nichols

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 318 Hanover St

Cause of Death { First, (Primary,) Heredity
Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Cem'y

Date of Burial, July 1st-98

Sheridan C. & G. M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24132

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Meyler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Printer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 38 Hanford Ave.

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, One month -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 30 1898

Undertaker, James P Byrne

Place of Business, 463 N Irem St

Jno. Brooke Byrne M. D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1033 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Mulligan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 95 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 35 Years in U.S.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 415 Jenkins Alley

Cause of Death, {First (Primary,) Old Age
Second (Immediate,) Debility

Duration of Last Sickness, Confined to bed six days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 1 1878

Wm Green M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 68 N Front *Address* 131 N. Bridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2611-34 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

Date of Death, June 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 3 *Months,* *Days.*

Color, Bel. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bay View Asylum.

Cause of Death, First (Primary,) Dementia

Second (Immediate,) Acute mania

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, June 30th 1878

Undertaker, William J Gray

Place of Business, c 1465 Imboden

Jno. H. Tuckle M. D.
Jno. J. Barker M.D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 24435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1898 BALTIMORE

Date of Death, June 30th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schrijer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 mos. ~~Years,~~ ~~Months,~~ ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number} 276 East Pratt

Cause of Death, First, (Primary,) —

Second, (Immediate,) Congestive Fever

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 30

Undertaker, H Zippel

Place of Business, S. Road St 67

E. B. Britton M. D.
Medical Attendant.

Address, 28 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back

No. 2

Board of Health, City of Baltimore,

Permit No. 36031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Sommers

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 178 Eastern Av

Cause of Death, {First, (Primary,) ——— Second, (Immediate,) Cerebro Spinal Meningitis.

Duration of last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cem.

Date of Burial, June 30

Undertaker, Wendelin Tippet

Place of Business, S. Bond & 15 *Address,* 94 S. Broadway

Aug. F. Erich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 26037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

Date of Death, June 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Luke Wheatley

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 186 Mulberry St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Lamb's Cemetery

Date of Burial, June 30

Undertaker, J Locke

Place of Business, Wolfe

Jas. T. Smith M.D.

~~Medical Attendant.~~

Address, 186 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 4R.]

Board of Health, City of Baltimore,

Permit No. 21958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE

Date of Death, June 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Robertson

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* 5 *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 13 Chamberlain

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, [redacted] 1878

Undertaker, H N Duncan

Place of Business,

James A Steuart M. D.

Medical Attendant

Address, Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 21635 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mary & John Reed

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 23 N Chapel Pl

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Obstruction Colon

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, June 30th

Undertaker, J J Locke

Place of Business, 56 Jeff

Thomas Kleiss M. D

Medical Attendant

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Taylor

Sex, Male or Female, { cross out the word not required in this line. } /

Age, — *Years,* 4 *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 96 Parkin Pl

Cause of Death, { First, (Primary,) Colone Infantum

{ Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 30th 1878

Undertaker, J Brook

Place of Business, 707 W Balto St

James H Steuart M. D.
Medical Attendant

Address, Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 48]

Bureau of Vital Statistics, City of Baltimore,

Permit No. 36141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence West

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Union st

Cause of Death, First (Primary,) ____ Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 30th, 1876

Undertaker, Wm Nicholson

Place of Business, 97 Dutchman

Frank W. Gilmor M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ~~the cause~~ and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H. McNamara

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the ~~City of Baltimore~~, Since 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Hydrocephaloid

Second, (Immediate,) Spasms

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Old Potters Cemetery

Date of Burial, July 1st 1878

Undertaker, Cook & Hamm

Place of Business, W. Baltimore St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jemima [illegible] Leviche

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 6 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Laurel, (Prince Georges Co.) Md.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 96 Lemmon St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1st 1878

Undertaker, F. N. Ford

Place of Business, #131 Hanover St

John A. Conner M.D.
Medical Attendant.

Address 286 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hardesty

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~1~~ Years, One Months, 11 Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157 N. Carey St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Thomas Opie M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Bacis galupe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 64 President Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Ventard's Cem. John Morris *M. D.*

Date of Burial, July 1 Medical Attendant.

Undertaker, W. H. Tippet

Place of Business, S. E. 2nd st 184 *Address* No. 5 Franklin St, Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26046 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jno McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — Uncertain 18 mos in US

Duration of Residence in the City of Baltimore, ~~9 mos~~ 18 mos

Place of Death, {Give street and number.} 20 Neighbor St

Cause of Death, First (Primary.) Stab in abdomen by Jno Flanagan

Second (Immediate,) Internal Hemorrhage

Duration of Last Sickness, 25 minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ct

Date of Burial, July 1st 1878

Undertaker, Heber Stack

Place of Business, 369 W. Centre St

Edw Duncan M.D.
~~Medical Attendant.~~

Address Corner Bx & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Cook

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 195 Lee St

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st, 1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 170 Shark St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 2 Forest St. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Forest St. City

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, July 1st 1878

Geo. W. Grayson M.D. Medical Attendant.

Undertaker, A. Wayman

Place of Business, Sotaloze

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

~~OFFICE OF~~ REGISTRAR OF VITAL STATISTICS.

Permit No. 26049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Mules.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower,

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert County Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 241 Saratoga St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 1

Undertaker, C H Blizzard

Place of Business, 201 Penn

Dr Hu S Pennington M.D.
Medical Attendant.

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bauer

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 32 *Years,* unknown *Months,* unknown *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} N: 102 Warner Street

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Blood — Empoisoning

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1st

Undertaker, Conrad Hueter.

Place of Business, 231 Henrietta St

Henry Salzer M. D.
Medical Attendant.

Address, 162 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walburga

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* About 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Friendship

Duration of Residence in the ~~City of Baltimore~~, Since 8 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, From admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 1 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Mabury Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Rehberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1/2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #44 N. Castle St.

Cause of Death, First (Primary,) Cerebritis accompanied by Pertussis

Second (Immediate,)

Duration of Last Sickness, 12 wks Pertussis 3 days Congestion of brain

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, July 1th 1878

Undertaker, C. Eckhard

Place of Business, 264 Canton Ave.

John A. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26053,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erester Banks

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, Two *Years,* 7 *Months,* 15 *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest No 5

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Marasmus

Duration of Last Sickness, One Month + 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 1st 1878

Undertaker, W. H. Dungee

Place of Business, No 62 East St

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Hammett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Greene & Mulberry (No 148)

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, July 2/78

Undertaker, Wm. H. Murray

Place of Business, 67 Pratt

S. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 26055

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert F. Pendlum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* — *Months,* — *Days.*

Color, White Sex.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Down Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 58 East Eager St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) " "}

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 2 1878

Jas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Thomas L Hughes

Place of Business, 60 E. Baltimore *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e special Attention ... to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ... 5th mo. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Gilbert Yates.

Sex, Male or Female, {cross out the word not required in this line.} ..... Male.

Age, ... *Years,* ..... 8 *Months,* ..... *Days.*

Color, ... White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ..... Baltimore

Duration of Residence in the City of Baltimore, ... 8 mo.

Place of Death, {Give street and number} ..... No. 15 N Broadway.

Cause of Death, First, (Primary,) ..... Convulsions

Second, (Immediate,) .....

Duration of last Sickness, ... 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Cape May

Date of Burial, July 3d 1878

Undertaker, Thos. J. Hughes

Place of Business, 1060 E Baltimore *Address,* 41 Lexington St

[redacted] Wm. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1/20

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, # Sunday June 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grant Johnston

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} # 34 Sterling St

Cause of Death, {First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Asthma.

Duration of Last Sickness, some Hours months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 1 July 11 Oclock A.M.

Undertaker, Geo. C. Rodenmayer

Place of Business, 98 Eutaw Street

W. Simes Borden M.D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 the 5 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoff Adward Lange.

Sex, Male or Female, {cross out the word not required in this line.} c.

Age, ____ *Years,* two *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 154 South Wolf St.

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number} 154 South Wolf St

Cause of Death, First, (Primary,) Colon enteritis.

Second, (Immediate,) Marasmus infan

Duration of last Sickness, One Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 3 78

Undertaker, John C Schuh

Place of Business, 265 Pacama

John F. Fitzer M. D.
Medical Attendant.

Address, 81 Nord Exter Bet.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 58 *Years,* — *Months,* 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md fifty years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 3 Little Pine Str: Strangers Dwelling

Cause of Death { First, (Primary,) Hemorrhage (lungs) / Second, (Immediate,) }

Duration of last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st

Undertaker, Wm H Madden

Place of Business, 333 N. Howard St

E H Chevalier M. D.
Medical Attendant.

Address, Lombard & Green.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Perrie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number.} 518 King St.

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 1. 1878

Undertaker, J. B. Bruckerton & Son

Place of Business, 606 Balt St

Wm. F. Leonard M. D.

Medical Attendant.

Address Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Cunningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 19 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Dallas St.

Cause of Death, First (Primary,) Marasmus,

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 1st

Undertaker, James Burns

Place of Business, Smith & Mill Sts

Jno. G. Jay M. D.
Medical Attendant.

Address Balt. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Senft

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 11 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 11 mos. 23 days

Place of Death, {Give street and number.} 157 E. Biddle. St

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Asphyxia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. W. J. O'Reilly M.D.

Date of Burial, July 2nd 78 Medical Attendant.

Undertaker, P. C. Franc Address, 235 N. Broadway.

Place of Business, 280 Eastern

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26665.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, 30th. June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weinberk

Sex, ~~Male or~~ Femaie, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Orleans Street 326.

Cause of Death, {First (Primary,) Gastro Enteritis / Second (Immediate,) Diarrhoea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 1th. 78.

{*Undertaker,* M. Frances / *Place of Business,* 286 Caton Ave

William Hentel M. D.
Medical Attendant.

Address S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Howard

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 186 West St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, July 1 1878

Undertaker, L. LeGourde

Place of Business, 197 Barre St

Helen Hall M.D.

Medical Attendant.

Address, Southern Dispensary

77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lichi F. Heath

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All my life

Place of Death, {Give street and number.} 519 E. Lexington Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 2/78

Undertaker, C. Hughes & Co

Place of Business, 537 W. Fayette St

H. H. Chilton M. D.
Medical Attendant.

Address 146 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-four hours* after the death sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Coates

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. } ———

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 25 Hulls Lane

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Pneumonia Gastrica

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 1878 James A Steuart M. D. Medical Attendant

{ *Undertaker,* S. H. Shearer

{ *Place of Business,* Howard St. *Address,* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr E. Lee Waller (Coroner.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Morgan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* Eight *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Cor. Harford & Central Avenues

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1 1878

Undertaker, H. A. Daigen

Place of Business, 74 S. Broadway

Wm H Cundiff M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie M Cook

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 15 Thames St

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 D

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 1 1878

Undertaker, H. A Dargen

Place of Business, 714 S. Broadway

N. Lucas M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday June 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Trumbach

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 89 S Durham St

Cause of Death, {First (Primary,) Chronic Dysentery.

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, July 1st

{*Undertaker,* Henry Sander

Place of Business, 252 Canton Ave

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Harden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} ~~22 York St~~ 86 Fort ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Cholera Infantum

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Ce

Date of Burial, July 1, 1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, Albert F. Vandenbe

Place of Business, 86 Fort ave *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th of June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lina Mohr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 530 W. Lombard St.

Cause of Death, {First (Primary,) Typhoid fever

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery Fred. Hefo M. D.

Date of Burial, July 1 1878 Medical Attendant.

{*Undertaker,* James O Byrn *Address*

{*Place of Business,* No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th June 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Weiss

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Erfurt, Prussia, Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} Canton Avenue 320.

Cause of Death, First (Primary,) Heat stroke (Insolatio)

Second (Immediate,) Meningitis acuta

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, July 1st 1878

Undertaker, H. Fockliss

Place of Business, 246 Eastern Ave

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & Wk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia G. Mc Connell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 28 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, July 2nd 1878

Undertaker, H. C. Froelich

Place of Business, 246 Eastern Av

Wm. F. Kelly M. D.
Medical Attendant.

Address, 246 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. POLLACK & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Cooke,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Five Months, Twenty Six Days.

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 233 Alice Ann st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum,

Duration of Last Sickness, one day,

All the above information should be furnished by the Physician.

Place of Burial, 1st Ev st Paul Cem'y

Date of Burial, July 2nd 1878

Undertaker, F. C. Cochlin

Place of Business, 240 Eastern Av

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Plasterfield

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* One *Months,* Five *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 Lewis Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Exhaustion (general)

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Greenlys Cemetery

Date of Burial, July 1st 1878

Undertaker, S. D. Pussey

Place of Business, 97 Orleans St

Milton A Taylor M.D.

Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elenora Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bladensburg D. C.

Duration of Residence in the City of Baltimore, Abt 18 years

Place of Death, {Give street and number.} 276 McDonough

Cause of Death, First (Primary,) Fungating Keloid Tumor on left shoulder

Second (Immediate,) Asthenia

Duration of Last Sickness, Slowly Progressing Growth of several years duration

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd

D Webster Cathell M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square *Address* 28 Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single), of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, June 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mautner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 E Lombard St

Cause of Death, {First (Primary,) Diarrhoea

{Second (Immediate,) Convulsions

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 1st 1878

{*Undertaker,* James P Byrne

{*Place of Business,* 69 Hanover

H Brauns Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, July 1 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Lot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 27 Walnut Alley

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 2 1878

Undertaker, John J Macher

Place of Business, 15 S. Camden St

L. Miller M. D.
Medical Attendant.

Address 87 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

District of [illegible], City of Baltimore,

Permit No. 26079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1898 BALTIMORE

Date of Death, June 30, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenette Hill

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 128 York St

Cause of Death {First, (Primary,) Teething & Heath

{Second, (Immediate,) Convulsions

Duration of last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1st 98

Theodore Cook M. D.

Medical Attendant.

Undertaker, J. Davis

Place of Business, 103 Lee St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, ~~W~~

Married, Single, Widow or Widower, {Cross out the word is not required in this line.} ~~Single~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 55 Dolphin St Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 55 Dolphin St.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Gastro-Enteritis

Duration of Last Sickness, about 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, July 2d 1878

Undertaker, Bell Bro

Place of Business, 63 Mulberry

D. A. Scarff *M. D.*
Medical Attendant.

Address 80 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, White Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 71 Oxford street

Cause of Death, {First (Primary,) Gastric Ulcer; Second (Immediate,)}

Duration of Last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1878

{*Undertaker,* William P. Gru[illegible]
Place of Business, 65 Pinalberry}

H Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th June 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Bowly

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Male

Age, 19 *Years,* *Months,* *Days*

Color, Colored

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Canada

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 231 Eutaw

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Md.

Date of Burial, June 30th 1878.

Undertaker, Hercules Ross

Place of Business, Cor Conway & Paca Sts No 96. Baltimore Md

J. N. Metcalf M. D.
Medical Attendant.

Address, 57 Barre[illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Signed by Dr. J. N. M. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Walsh

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 24 years in US

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} Martin Alley

Cause of Death {First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cet

Date of Burial, July 1 1878

Undertaker, J. L. Andrews

Place of Business, Druid Hill

Edmund R Walker M. D.
~~Medical Attendant~~
Coroners Office

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sister Mary Salome (Cosill)

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Superioress of St Mary Star of the Sea Female School Nun

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland - 45 years

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } Bailey Av & Clement St

Cause of Death { First, (Primary,) Heart disease / Second, (Immediate,) Sudden death.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, July 3rd 1878

Undertaker, Jos F. Byrne

Place of Business, 5 1/2 Liberty St *Address,* 5 Sharp St

L Dudley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1121

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Russell

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 5 Buck St.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 3d 1878

Undertaker, Frey & Bro.

Place of Business, Fayette & Broadway

Wilmer Brinton M. D.
Medical Attendant.

Address 257 Fremont Ave
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 26086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

Date of Death, July 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shaw

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, — Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Balt. Infirmary

Cause of Death { First, (Primary.) Phthisis
Second, (Immediate.) Asthenia
Pas mortis }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, July 2nd

Undertaker, Geo Schilling

Place of Business, Ashland Square

P. A. Casbeer *M. D.*
Medical Attendant.

Address, Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 26087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Augustin Sweeney

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sister of the Good Shepherd

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, First (Primary.) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lot Yard of the House of the Good Shepherd

Date of Burial,

Undertaker, L. B. Cook

Place of Business, W. Ball St

Edw'd F. Nicholland M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26088

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

Date of Death, July 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Matthews

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 17 Parish Ct

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Evergreen

Date of Burial, July 2nd 1878

Undertaker, Wm Adam & Gray

Place of Business, 65 Mulberry St *Address* Cor Mulberry & Eutaw Sts

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26089 #26089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa & William Holey Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1/2 hour *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 686 Light St. since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 686 Light St.

Cause of Death, First (Primary,) —

Second (Immediate,) Asphyxia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md

Date of Burial, 2 July

Undertaker, C. F. Hanselt

Place of Business, 686 Light St

R. L. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26090

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1878
HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Laura V. Sinclair

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower? { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt° City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 78 S. Washington

Cause of Death, First (Primary,) From Cold

Second (Immediate,) Pulmonary Consuplion

Duration of Last Sickness, Over One year.

All the above information should be furnished by the Physician.

Place of Burial, M E. Cemetery Bel Road

Date of Burial, July 3rd 1878

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway *Address* 23 S. Broadway

J. J. Cockill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Permit No. 26091

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Grimes.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 88 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Planter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 72 years.

Place of Death, {Give street and number.} 113 E. Madison St.

Cause of Death, First (Primary,) "Old age"

Second (immediate,)

Duration of Last Sickness, Has been confined to bed for the past 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 3rd 1878.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

Wilmer Brantley M. D.
Medical Attendant.

Address 25½ Greenmount Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 26092

The Physician who attended any person in a last illness is ~~responsible~~ for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Date of Death, July 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bleile

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty Nine *Years,* — *Months,* 13 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wildey Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} Orleans A. 1874.

Cause of Death, First (Primary,) Phthisis Pulmonum.

Second (Immediate,) Complete Consumption.

Duration of Last Sickness, 2½ Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3rd Wednesday

C. H. Pue M. D.
Medical Attendant.

Undertaker, H. Meyer

Place of Business, 106 Hanover *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 26093.

The Physician who attended any person in a last illness ~~is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Date of Death, July 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Devona Price

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Parrish alley

Cause of Death {First, (Primary,) Thrash

{Second, (Immediate,) Inanition

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1878

Undertaker, David W. Chase

Place of Business, Howard St. *Address,* Commissioners of Health

Ernest A Sloan M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. S. Baldwin

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 26094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Rebecca Maddox

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Ten *Years,* Ten *Months,* — *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 222 S Durham St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Marasmus

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, July 2nd 1878

F. E. Fooks M. D.
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, 56 Jefferson

Address 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

OFFICE OF REGISTRAR OF VITAL

Permit No. 26095

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo F. Todd

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 96 York St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, July 2 "1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light St

Address, 146 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. MCLANY & CO. CITY PRINTERS AND STATIONERS.

Daniel 11/22

Permit No. 26096

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Revd

Place of Death, {Give street and number.} 34 E. Pratt St

Cause of Death, First (Primary,) Collapse of Bowels.
Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2, 1878

Undertaker, H. A. Berger

Place of Business, 74 S. Broadway *Address* 92 N. Eutaw St

J. Schmitz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26097 #26097

REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as soon as possible after death*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Date of Death, July 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos H. Quigley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow, Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter ~~Painter~~ (~~Painter~~ Worker)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 123 N. Fremont St

Cause of Death, {First (Primary.) Pulmony, Tuberculosis / Second (Immediate,)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Tery

Date of Burial, July 4th

Undertaker, F. J. N. Troll

Place of Business, #131 Hanover St

N. F. Hill M. D.
Medical Attendant.

Address N.E. Cor Fremont & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26098

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any ... for the presentation of this Certificate, accurately fill... ..nt, to the Undertaker or other person ... sooner, if requested so to do, under pe... ...y of law.

ALTH DEPARTMENT JU...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER ...

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jannie Augt Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Peach alley

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 3rd 1878

Undertaker, H. Ross

Place of Business, Wall St.

James A Steuart M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Exam by Dr Sept Bell

Board of Health, City of Baltimore

Permit No. 26099

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Donohue

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years;~~ ~~Months;~~ 8 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, 8 Days.

Place of Death, { Give street and number } 217 N. Fremont

Cause of Death, { First, (Primary.) } { Second, (Immediate,) } Marasmus

Duration of last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Potters Lane

Date of Burial, July 3rd 1878

Undertaker, Chas. Kennard

Place of Business, 311 Baltimore St

D. L. Bain M. D.
Medical Attendant.

Address, 375 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(C74)

OFFICE OF REGISTRAR OF VITAL

Permit No. 26100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 /78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Barlage Lunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, five months

Place of Death, {Give street and number.} Baltimore Lexington St No 658

Cause of Death, First (Primary,) The want of Proper care & nourishment

Second (Immediate,) and Teething

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedl

Date of Burial, June 3 1878

Undertaker, P Kunnet

Place of Business, Mulberry 8

Calvin Black M. D.
Medical Attendant.

Address 668 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26101

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Kennedy

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 4 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 183 Columbia Ave

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 3th. 1878

Undertaker, Philip L. Dill

Place of Business, 183 Columbia Ave

J. G. Wanbaugh M.D.
Medical Attendant.

Address, 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 26102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Haywood

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 41 Carlton St

Cause of Death {First, (Primary,) Phthisis,

Second, (Immediate,)

Duration of last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1878

Undertaker, H. H. Bishop Jr.

Place of Business, 197 Main Street

I saw her after death
I was in attendance
E. W. Mitchell M. D.
Medical Attendant.
Address, 121 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fuhrer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore all his life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 19 N. Wayne ave Dwelling house

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, 5 (six) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Burial Ground

Date of Burial, July 3rd 1878

Undertaker, Adam Funk

Place of Business, Gay St.

..... *M. D.*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Donahue

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 74 Staples St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 30th

Undertaker, Fry & Rice

Place of Business, 154 N Broadway

E. C. Donahue *M. D.*
Medical Attendant.

Address, 151 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Carrie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color, Colored.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} Old Joppa Road near Canton

Cause of Death, First (Primary,) Acute Tuberculor Meningitis

Second (Immediate,) Asthenia & Apnoea Combined

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Ceuetery

Date of Burial, July 3 1878

Undertaker, Wiliam H Dunyee

Place of Business, 62 East St

D. F. Leonard *M. D.*
Medical Attendant.

Address 261 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elvira Sophia Lee

Sex, Male or Female, { cross out the word not required in this line. }

Age, 61 *Years,* ____ *Months,* ____ *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, { Give street and number } No 7 Neighbor St.

Cause of Death, First, (Primary.) Tuberculous Consumption

Second, (Immediate,) ____

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, July 3. 1878

Undertaker, William P. Dwyer

Place of Business, 62 East St

Wm. L. Purnell M. D.
Medical Attendant.

Address, Brandenburg Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Melvina Stein

~~Sex,~~ Male or Female, { Cross out the word not required in this line. } Female

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } No 259 McHenry st

Cause of Death, { First (Primary,) Congestive Chill / Second (Immediate,) Heart disease

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Co

Date of Burial, July 4. 1878

Undertaker, J. B. Blanchistonson

Place of Business, 606 Bond st

J. H. R. Wolfe M. D.
Medical Attendant.

Address 28 Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate stating, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 26108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Stockett

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 2 Years —

Place of Death, {Give street and number} 535 Mat Lombard

Cause of Death, First, (Primary,) Suicide — Sinking "Wacha" with Hatchet

Second, (Immediate,)

Duration of last Sickness, Nearly 4 to 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3. 1878

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

W R McOmer M. D.
Medical Attendant.

Address, 502 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Finisher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 303 N. Eden Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage.

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, July 4th 78

Undertaker, Wm. Elbon

Place of Business, Fourth St.

J. H. Elliott M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday July 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Paulina Brown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, One Year, ——— Months, ——— Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 937 Aisquith St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Ex Cachexia

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3 1878

Undertaker, E. L. Keerins

Place of Business, 9 Orleans St

Fr Selma M. D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bell

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No occupation

Birthplace, {State or country (and how long in United States, if of foreign birth.)} County Armagh. Ireland.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} No. 26 Camden Street

Cause of Death, First (Primary,) Genral Paralysis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 3rd 1878

Undertaker, Armstrong & Devy

Place of Business, Light St

C H Stans M.D.
Medical Attendant.

Address, No 16 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Reynold Pembroke

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 2 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 East Ave

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, July 4 78

Undertaker, Mr Fenby

Place of Business, 1233 Bank

J G Wanbold M.D.
Medical Attendant.

Address, 203 Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

Date of Death, July 3, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Talbott

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, 2 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Laurel Prince George Co, Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} No 10 S. Fulton St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Prince Geo Co Md

Date of Burial, July 4. 1878

Undertaker, J. T. B. Cook

Place of Business, 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

Address, Cor. Hollins Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1123

Permit No. 26114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd A. D. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Gobit

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Langelba Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 97 N. Washington Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 4, 1878

Undertaker, C. E. Corsens

Place of Business, 97 N. Orleans St.

James E. Smith M. D.
Medical Attendant.

Address, 229 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelious McGreevy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 253 E. Broadway

Cause of Death { First, (Primary,) — Insanition
Second, (Immediate,) .....

Duration of last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, July 3rd 1878

Undertaker, J. P. Byrne

Place of Business, 63 Front *Address,* 117 E. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. SULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Kennedy.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Wh -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 14 Russell St.

Cause of Death { First, (Primary.) —— Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Confined to House about 2 months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, July 4th

{ *Undertaker,* W. J. Tickner
{ *Place of Business,* 65 S. Eutaw

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Henry Ahrens

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 53 *Years,* 2 *Months,* 22 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} N.° 57 Inc: Eldery Wharf

Cause of Death, First (Primary,) Phlegmonous crisis

Second (Immediate,) Septicaemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 5th 1878

Undertaker, Chas P Byrne

Place of Business, 63 Front St

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline E. Welke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 28 Bevan St.

Cause of Death, First, (Primary.) indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 to 8 hrs

All the above information should be furnished by the Physician.

DR. J. H. SMITH. JUL 3 1878 BALTIMORE, MD.

Place of Burial, Weston Cemetry

Date of Burial, July 4th

Undertaker, Henry Brice

Place of Business, Hennetta St 81

_____ *M. D.*
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Lumber Piler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} 7 Wilmore Aly. South of Pratt

Cause of Death, First, (Primary,) Exposure in the Sun

Second, (Immediate,) Cholera Morbus

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1878

Undertaker, Heaver Mullin

Place of Business, 167 Pa Ave

J. A. Christian M. D.
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sergeant

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 9 S. Chapman St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1878

R. McMansfield M. D.
Medical Attendant.

Undertaker, The J. Locke

Place of Business, 56 Jefferson St. *Address,* 417 & 419 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Permit No. 26151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Bull

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Two *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 4 Bergundy Alley

Cause of Death, {First (Primary,) Catarrh Bronchitis / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 4 1878

Undertaker, Mc Culloss

Place of Business, 9 Bowly St

L. L. Dyer M. D.
Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Gross

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 14 Burrough Ave

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, five Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 5th 1878

Undertaker, C F Kramer

Place of Business, Harwood

James L Stewart M. D.
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 3. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sheeler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 99 E. Biddle St.

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,)}

Duration of Last Sickness, 24 hours.

All the above information should be furdished by the Physioinn.

Place of Burial, Lt Vincent Cem

Date of Burial, July 4th 1878

Undertaker, W Hickman

Place of Business, N Gay St

L. C. Gordon M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878

Date of Death, July 3 d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Friederick

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 46 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 1 Fayette St Court

Cause of Death, {First (Primary,) Acute yellow atrophy of the liver. Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 5 th 1878

Undertaker, A. Kiffler

Place of Business, 244 E Saratoga St

P. L. Davis, M.D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Baldwin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 133 S. Caath St.

Cause of Death, First, (Primary,) Intestinal Catarrh

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 4th 78

Undertaker, J. E. Evans

Place of Business, 280 Canton

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

Date of Death, July 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Lee

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 1 *Months,* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} N. W. Cor. Wolfe & Fayette

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 4th 78

Undertaker, A. Frazier

Place of Business, 220 Eastern ave

J. L. Duvall M.D.
Medical Attendant.

Address, 27 N. Gaidway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia J. Winkler

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* —

~~*Married,* Single, *Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 110 ~~Aisquith~~ Cider Alley.

Cause of Death, { First (Primary,) — { Second (Immediate,) Consumption.

Duration of Last Sickness, Ill since 3rd March 1878.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 5, 1878

Undertaker, Thos. J. Hughes

Place of Business, 611 E. Baltimore St.

E. R. Hard M. D.
Medical Attendant.

Address 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Weldon Suttle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eight *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 54 E. Fayette st

Cause of Death, {First (Primary,) Typho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, 5th July 78

Undertaker, Stuart & Munn

Place of Business, 35 Park Av

A. P. Peale M. D.
Medical Attendant.

Address 132 N. Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 36129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Ryan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 353 N. Central Ave.

Cause of Death, {First (Primary,)

{Second (Immediate,)} Diptheria 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cem.

Date of Burial, 4th July 1878

{*Undertaker,* Adam Flink

{*Place of Business,* 461 North Gay.

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Hart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty nine *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, by birth

Place of Death, {Give street and number.} No 86 N Eden

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, July 5th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

W. C. Ireland M. D.
Medical Attendant.

Address Corner E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1878 BALTIMORE

Date of Death, July 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dorsey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* 4 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, at Home

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 12 Hanover St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, don't Know - but Several months

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, July 4th 78

Undertaker, M. L. Dayer

Place of Business, 94 E

J. Wesley Andre M. D.
Medical Attendant.

Address, No 121 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 3' 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jannie Smith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 5 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, 96 Communicant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 163 N. Lombard St

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) Pethmia.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 4th 1878

Undertaker, L. H. Cook

Place of Business, 707 Lost Battimore St Address 163 N Lombard St

David Streett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36/53

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1 1953 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1953

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Simmons

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 540 N Bigelow St

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) 7 days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Ohab Shalom

Date of Burial, July 4th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

L Abrams M. D.
Medical Attendant.

Address, 76 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Date of Death, July 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eli Griffin

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 78 St Marys St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 4

Undertaker, James Brackston

Place of Business, 1620 Druidhill Ave

H. Clinton McSherry M. D.
Medical Attendant.

Address 189 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1873 BALTIMORE

Date of Death, July 29, 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie D. Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 5 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One year and ten months

Place of Death, {Give street and number.} 19 Parish Alley

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Saint Peters~~ Cemetery

Date of Burial, July 4

Undertaker, James Brockton

Place of Business, Druidhill Ave

Jas. Bosley *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Charlotte M Gross

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 1 hour ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 1 hour

Place of Death, {Give street and number.} 119 Yorke

Cause of Death, {First (Primary,) Debility

Second (Immediate,) 1 hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 1878

{*Undertaker,* S W Chase

Place of Business, 8 Howard st

R. C. Lee M.D.
~~Medical Attendant~~

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael V. Reid

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 6 *Months,* — *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Columbia Ala,

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 273 Biddle St.

Cause of Death, First (Primary,) Consumption of lungs

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Strangers Vault

Date of Burial, July 4 1878

J Zeph M. D.
Medical Attendant.

Undertaker, S. Wilmore

Place of Business, 8 Howard St Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 12 1878

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Mand Morris

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, White Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 259 Montgomery

Cause of Death {First, (Primary,) } {Second, (Immediate,)} Phthisis

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14. 1878

Undertaker, J. Pleasants

Place of Business, 8 Hillen st

Thos Cox M. D.
Medical Attendant.

Address, 146 Glasgow

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Codillia Woill Cordelia Woill

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, house keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Home for the aged Cor of John and Valley Sts

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,) 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 5th 1878

Undertaker, Mathew Cadogan

Place of Business, 228 Mulberry St

Jno Burke Boyle M. D.
Medical Attendant.

Address Hollins & Carey Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION [redacted] And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Phys[redacted] who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1878 BALTIMORE

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Elvira

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Florida

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 66 Barre St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Cerebral

Duration of Last Sickness, 2 1/2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 5th 1878

Undertaker, John Slacher

Place of Business, No 150 Camden St

J. Wm Keyser M.D.
Medical Attendant.

Address, 55 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 9.30 P. M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Garrett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ---

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 433 Alice Anna

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) ---

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, July 5th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 341 Central Ave

James E. Donnell M. D.
Medical Attendant.

Address, 2996 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

Permit No. 26142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Davis

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 42 Exeter St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cimetery

Date of Burial, July 5th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 311 Canton Av.

E. C. Gordon M. D.
Medical Attendant.

Address, 127 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Doerer

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} E. Coll. Ave.

Cause of Death First, (Primary,) Marasmus,

Second, (Immediate,) Cyst Lung,

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Saint Matthew Roms ground

Date of Burial, July 5th 1878

Undertaker, Charles Rossing

Place of Business, 136 East Pratt

G. Glanville Jr. M. D.
Medical Attendant.

Address, Balt. & Bush. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26144

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Lewis St near Stout alley

Cause of Death {First, (Primary,) 1 "

{Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days "

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, July 5th 1878

Undertaker, T. S. Hazen

Place of Business, 3 & Lewis St *Address,* 13 & Orleans St

J. J. Gosh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Seimann

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Nine *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 9 Yrs

Place of Death, {Give street and number.} Foot of Thames St Wharf

Cause of Death, First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evgl Luther & Paul Cemty

Date of Burial, July 5th

Undertaker, H. Furbish

Place of Business, 246 Eastern Av

D. C. Ireland M.D.

Medical Attendant.

Address, Coroner E. Dist,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bockelmann

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 59 *Years,* 2 *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 33 1/2 ears

Place of Death, {Give street and number.} 140 ½ S Spring

Cause of Death, {First (Primary,)} Cephalocea, Congestion to the brain Atherosis

{Second (Immediate,)} Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, July 7th

{*Undertaker,* Dennis

{*Place of Business,* 19 E Baltimore

A. Tilton Smith, M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...OF VITAL STATISTICS.

Permit No. 26747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie M. Connell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 228 N. Howard St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions -

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Com

Date of Burial, July 5th 1878

Undertaker, Chas T Scrivner

Place of Business, 271 N Eutaw St

O C Van Bibber M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hobbs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery Jm. Brooke Boyle M. D.

Medical Attendant.

Date of Burial, July 3

Undertaker, Patrick Mullin *Address* 166 E. Eagle St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Biggs

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 39 *Years,* ~~Months~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, ~~Single, Widow or Widower~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, all Life

Place of Death, { Give street and number } 535 N. Lombard

Cause of Death, First, (Primary,) Irritable Heart

Second, (Immediate,) Pulmonary Oedema

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 5th 1878

Undertaker, J B Bond

Place of Business, No 707 N Baltimore Street

W. F. Kemp M. D.
Medical Attendant.

Address, 223 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1878 July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willian Lemmijo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color, ... *Sex,* White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 5-26 W Lombard St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,) Emaciation

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cemetery

Date of Burial, July 5th 1878

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street

Wm D H Larkin ... *M. D.*

Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26157 #26157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, Wednesday 3rd July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Christopher Kreuzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Publisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 117 Saratoga St.

Cause of Death, First (Primary,) Endo-pericarditis

Second (Immediate,) ~~Endo~~-Peri-carditis Effusion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, H. A. Lyons ns Cemetery

Date of Burial, July the 5th

Undertaker, P. J. Kimmett

Place of Business, 317 Mulberry St.

W. C. Van Bibber M. D.
per C. H. B.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Helling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* One *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 435 Saratoga Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 7th 5th

Undertaker, P. Kümmel

Place of Business, 317 Mulberry St.

Charles H. Goff M. D.
Medical Attendant.

Address 386 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Linville,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* 15 *Days.*

Color, White *Sex,* Widow

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nr 524 W. Fayette St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) 2 Days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, July 6th 1878

Undertaker, Stewart & Mann

Place of Business, 35 Park Ave

L. F. Jones, *M. D.*
Medical Attendant.

Address 530 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Von Kladen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} S.W. cor Baltimore & Arlington

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) }

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, July 5

Undertaker, Reed & Gaede

Place of Business, No 29 S. Exeter St

R. W. Manfuel M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the y of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per leceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 5 1890 BALTIMORE MD.

Date of Death, July 4th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Hardcastle Ellis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* one *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} No Spruce Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 5th 1890

Undertaker, John Brown

Place of Business, 122 S. Paca St.

J. C. Mullen M. D.
Medical Attendant.

Address, ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26156

The Physician who attended any person in a last illness is responsible for the correctness of the certificate filled out, to the Undertaker or other person superintending the burial, and must deliver the certificate to him sooner, if requested so to do, under penalty of $20.00.

William Woodsie

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Woodsie

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 York St

Cause of Death {First, (Primary,) Chol Infantum
Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 5th 1878

James A Steuart M. D.
Medical Attendant.

Undertaker, Jacob Davis

Place of Business, Lee St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S A Bell

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie A. Woodside

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~0~~ — *Years,* 8 *Months,* — *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 758 W Lexington St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, a few days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 6th July 1878

Undertaker, A M. Jenkins Son

Place of Business, 16 Light St.

Jas. Lloyd Martin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 3 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alvarius

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* about ____ 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Since 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, July 5 1878

Undertaker, Saml Bowen

Place of Business, 186 Division St.

Marbury Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Convulsions from Worms

Second, (Immediate,)

Duration of last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 5 1878

Undertaker, Saml Brown

Place of Business, 153 Division St

Mabury Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Leahy

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ 7 *Months,* ~~Days~~

Color, Wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Fielding

Cause of Death, {First (Primary,) Debilitio / Second (Immediate,) Hydrocephalus}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 5th 1878

Undertaker, H. Miller

Place of Business, Harrison St *Address,* 249 E. Lmon

J. Mathieu M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis A Kelly

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Brick layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Maryland

Duration of Residence in the City of Baltimore, 3 years 4 Mths 19 days

Place of Death, {Give street and number} Cor Lanvale st & Linn ave

Cause of Death First, (Primary.) Sun Stroke

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 5

H A Mudd *M. D.*
Medical Attendant.

Undertaker, James T Butler

Place of Business, 338 Penn Ave *Address,* 248 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after death, or sooner, if requested so to do, under penalty.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE, UNLESS BY SPECIAL DIRECTION OF THE REGISTRAR.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Ortzer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Europe 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 91 N. Durham St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 5th 1878

Undertaker, John Lake

Place of Business, 195 E. Balto St

James A Steuart M. D.

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Examd by Dr E Geo Walker

[OVER.]

Permit No. 26163.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schwinn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 10 Hanover St

Cause of Death { First, (Primary,) }

{ Second, (Immediate,) } Pneumonia

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5 of July 1878

Undertaker, W. H. V. Dell

Place of Business, 183 Columbia ave *Address,* 76 Stacy st

J. H. Bunn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Mcinly,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Forty seven years.

Place of Death, {Give street and number} 135 Jefferson St.

Cause of Death First, (Primary,) Cardiac & Hepatic insufficiency

Second, (Immediate,) Anasarca

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1878

Undertaker, Mc Kay & Bro

Place of Business, 54 N Broadway

S. E. Cook M. D.
Medical Attendant.

Address, Balt. & Mad sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- th as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving Duncan Hetfrick

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Three *Years,* two *Months,* 1 *Days*

Color, White

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 695 Lombard

Cause of Death, {First (Primary,) Burns

Second (Immediate,) Convulsions

Duration of Last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 6th 1878

{*Undertaker,* H G Cook

Place of Business, No 707 W Baltimore street

J G Smithcam M.D.

Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha F. Butler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Smock & Jones Infirmary N. Broadway

Cause of Death, {First (Primary,) Apoplexia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, July 5, 1878

{*Undertaker,* H. A. Daiger

{*Place of Business,* 74 S. Broadway

T. D. Clark *M. D.*
Medical Attendant.

Address Smock & Jones Infy. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2676 #26167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Virginia Cooke,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Seven *Days.*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 18 Fell's St.

Cause of Death, {First (Primary,) Convulsions.
Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Maier's B. Ground

Date of Burial, July 5, 1878

{*Undertaker,* H. A. Dayer
Place of Business, 94 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hutton

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Easton Md

Duration of Residence in the City of Baltimore, 58 Yrs

Place of Death, {Give street and number.} 107 Gough St

Cause of Death, {First (Primary,) Cerebral Apoplexy

Second (Immediate,)

Duration of Last Sickness, Seven (7) Days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. G. Phil. Road

Date of Burial, July 7. 1878

Undertaker, M. A. Daigen

Place of Business, 74 S Broadway

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Frank Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, W *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boundary Ave near Decker St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Boundary ave near Decker St

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Inanition.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty J. R. Page M. D.

Date of Burial, July 6th 1878 Medical Attendant.

Undertaker, Thos S Hughes Address 220 Linden Ave

Place of Business, 6th & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H Corm

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, whe

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Huckster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } Fayette St near Exeter Res 29 Stiles St

Cause of Death, First, (Primary,) Heart Disease probably

Second, (Immediate,)

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, M & B Cemetery

Date of Burial, July 6/78

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 132 W Broadway *Address,* Coroner M & B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen M Boswell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, 5 Months, 14 Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 Lexington street

Cause of Death, {First (Primary,) Cholera Infantum; Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 5th 1878

J Darling M. D.
Medical Attendant.

Undertaker, John L. Weaver

Place of Business, #22 W Fayette St

Address 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas R. Wheeler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 19 Montgomery St.

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1878

Undertaker, S. S. Wyllmore

Place of Business, 8 Howard St.

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jefferson Johns.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 65 *Years,* ~ *Months,* ~ *Days.*

Color, Black *Sex,* male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Woodsawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 79 Moores Alley

Cause of Death, First (Primary,) Chronic Gastric Catarrh

Second (Immediate,) Inanition

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Shotwell Townsend M. D.

Date of Burial, July 6 1878 Medical Attendant.

Undertaker, S Wm Elmore Address 216 N. Howard St.

Place of Business, Undertaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Dobson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 6 weeks *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Bannon's Court

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

Silvius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Boswell Munroe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 Pleasant St

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

Geo B Reynolds *M. D.*
Medical Attendant.

Address Geo B Reynolds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Va. C. McCabe

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ____ *Years,* 9. *Months,* 19. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S & N. Carolina

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 458 N. Calhoun

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th 1878

G W Towns M. D.
Medical Attendant.

Undertaker, John Mackin

Place of Business, No 150 Camden Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 2-6177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michal Barthelemes

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 53 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baden

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 35 Castle St

Cause of Death, {First (Primary,) senile decay

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 6

Undertaker, W. Tittel

Place of Business, S. Bond St. 151

Shaw B. Stroud M. D.
Medical Attendant.

Address, 70 High St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia H. Moon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 307, Hollins Street

Cause of Death, First (Primary,) Pulmonary tubercular consumption

Second (Immediate,) Dysentery, and weekness afterwards.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 6 1878

Undertaker, F. Deals

Place of Business, Cove St

Morris Wiener M. D.

Medical Attendant.

Address 249, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Wiltz Lasker (Wiltzbacher)

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, House Wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 Yrs

Place of Death, { Give street and number. } 155 Madison St.

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 6th

{ *Undertaker,* Geo Schilling

Place of Business, Ashland & Lynn

C. Hall Rutledge M. D.
Medical Attendant.

Address 151 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sims

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 319 Light St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Burying Ground

Date of Burial, July 5th 1878

Undertaker, Fry & Bro

Place of Business, 3-4 No. Wt Broadway

J. O. Harington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Foard

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Rear 151 Low st

Cause of Death, { First, (Primary.) Tubercular Consumption

Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Odon, Evergreen

Date of Burial, Feb 6 1878

Undertaker, William Lonzo

Place of Business, No 6 East Shut

Wm. L. Lamar M. D.
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 9.50 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 46 Hanover St

Cause of Death, First (Primary,) Tuberculous Meyingitis

Second (Immediate,) Apnoea & Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Street cemy

Date of Burial, Jan 5 1878

Undertaker, William Monroe

Place of Business, Stockard & Hoy 10 & No

W. R. Seager M. D.
Medical Attendant.

Address 574 Columbia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Kitterman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 2 *Days.*

Color, Wh -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5 Weber St.

Cause of Death { First, (Primary,) Morbus Dentition
Second, (Immediate,) Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cem.

Date of Burial, July 5th

Undertaker, B. Harle.

Place of Business, 411 Light St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H McElheny

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brooklyn Long Island

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 6 1878

Undertaker, James P Byrne

Place of Business, 63 Monroe St

Oscar J. Culhane M.D.
Medical Attendant.

Address, 188 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

26185

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Slough

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 North Howard St.

Cause of Death, {First (Primary,) Cerebral Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6. 1878

Undertaker, P. Kummet

Place of Business, 317 Mulberry Str.

John A. Doerner M. D.
Medical Attendant.

Address 92 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1878

Date of Death, June July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Reichel

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 72 *Years,* 6 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore; 35 Years

Place of Death, {Give street and number.} 154 N. Shroeder St.

Cause of Death, First (Primary,) Heart desease

Second (Immediate,) Dropsy

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetry

Date of Burial, July 7. 1878.

Undertaker, P. Kimmell

Place of Business, 317 Mulberry Str.

Louis L. Horn M.D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months 5 days

Place of Death, {Give street and number.} 77 Camden St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem'y

Date of Burial, July 6 1878

Undertaker, L. LeFourade

Place of Business, 97 Barre St

Wm G Knowles M. D.
Medical Attendant.

Address 55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Limby

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, Twenty two *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dayton Ohio

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 91 Mc Elderry st.

Cause of Death, First (Primary,) Chronic, impaired digestion

Second (Immediate,) Softening of the brain

Duration of Last Sickness, About two week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 7th 1878

Undertaker, Craig Stock

Place of Business, 304 E. Baltimore St.

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & Mc Elderry st 8

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellus Kuhn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 743 Forest

Cause of Death, First, (Primary,) Accidental fall with glass bottle in hand

Second, (Immediate,) Wound by femoral artery

Duration of last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 7, 1878

Edwin F Brush M. D.
Medical Attendant.

Undertaker, Henry Houck

Place of Business, 369 Centre ave *Address,* Corner Mt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

Date of Death, July 5. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Acey Burton

~~*Sex,* Male or Female,~~ {Cross out the words not required in this line.}

Age, 8 *Years,* —— *Months,* —— *Days*

Color, Black

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 7½ Years

Place of Death, {Give street and number.} 190 Warner St

Cause of Death, {First (Primary,) Second (Immediate,)} Malignant Intermittent Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shrine St Vincents

Date of Burial, June 7 1878

{*Undertaker,* S W Chase / *Place of Business,* 8 Howard St} *Address,* 349 Lexington

L M Lashmar *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edear Bennet

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 5 Yrs *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 79 S. Sharp St

Cause of Death, First (Primary,) Infantum

Second (Immediate,) Clonic Convulsions

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, July 6th

Undertaker, Hercules Boss

Place of Business, 95 Conway St

L. L. Dyer M.D.

Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ____

Sex, Male or Female, {cross out the word not required in this line.} ____

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} ____

Cause of Death, First, (Primary.) ____

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, 7th July 1878

Undertaker, ____

Place of Business, ____ *Address,* ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adela Dieterich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 5 *Days.* 1

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 Edmondson ave

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 44 Edmondson ave

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 9th

Undertaker, Geo Schilling

Place of Business, Ashland Ave

J. E. Gibbons M. D.

Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatie Estella Gerbrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* Six *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 285 N. Henry Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 7th 1878

Undertaker, J. B. Coats

Place of Business, No 707 W Baltimore Street

Chas. H. Jeffs M. D.
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lavinia Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 E. Wheeland St.

Cause of Death, First (Primary,) Croup.

Second (Immediate,) Asphyxia

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 6th 1878

Undertaker, H J Cook

Place of Business, No 707 W Baltimore street

Wm. H. McCauley M. D.
Medical Attendant.

Address 10 N. McCauley St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP
JUL 6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Druscheim

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 Abbott St.

Cause of Death, {First (Primary,) Second (Immediate,)} Croup

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 7, 1878

Undertaker, Henry Stegeli

Place of Business, 309 Central Ave

C Hoffmann *M. D.*
Medical Attendant.

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Mace

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two (2) *Years,* Four (4) *Months,* Fifteen (15) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 141 N. Stricker St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7, 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J Nelson M. D.
Medical Attendant.

Address, 60 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotta Rosenfeld

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 68 — [redacted] *Years,* [redacted] *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 113 E. Baltimore St

Cause of Death, {First (Primary,) Softening of the Brain

Second (Immediate,)

Duration of Last Sickness, a number of years

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, July 8th 1878

Undertaker, Wm. Eiban

Place of Business, 101 Gough St

Adam Stahl M. D.
Medical Attendant.

Address, 7 th Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June July 9 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Jane Beale

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 60 L. Chapel

Cause of Death { First, (Primary,) Marasmus Second, (Immediate,) Exhaustion

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetry

Date of Burial, July 11th 1878

Undertaker, Theo Locke's

Place of Business, 56 Jefferson St *Address,* Balt. Md.

G. G. Rusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Albert Johnson Jam[s] E Johnson & Lucy his wife

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 28 Boyd st.

Duration of Residence in the City of Baltimore, Lifetime (Parents)

Place of Death, {Give street and number.} 28 Boyd st.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1878

Undertaker, Wm M Dungall

Place of Business, No 10 Stockton st

E. A. Chevallier M.D.
Medical Attendant.

Address, Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26201

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Wannuth

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } * 12 Rabbit St.

Cause of Death, First, (Primary.) Cholera

Second, (Immediate.) Infantum

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 6

Undertaker,

Place of Business,

DR. J. H. SMITH. JUL 6 1878 BALTIMORE, MD.

..... *M. D.*
Medical Attendant.

Address, 10

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Kroft

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number } #75 Belair road.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Phthisis

I did not see the deceased Information from the Parents John & Jacobs 117 William St

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 7th

Undertaker, Geo Schellung

Place of Business, Ashland & Lyons

Theodore Cook M. D.
Medical Attendant,

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Weinberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 280 Light St.

Cause of Death, First, (Primary.) Cholera

Second, (Immediate.) Intussusception

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 8th of July 1878

Undertaker, Wm. Seebold

Place of Business, 345 S. Eutaw St

DR. J. H. SMITH, JUL 6 1878 BALTIMORE MD.

_____ *M. D.*
Medical Attendant.

Address, 108 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty~~ *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUL 7 1878

CERTIFICATE OF DEATH.

Date of Death, July 6th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michel McGuire

Sex, Male or Female, { Cross out the words not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 3 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Hubbard Court

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 7 July 10 Oclock

Undertaker, Geo C Rodenmayer

Place of Business, 38 Eutaw St

Jno Buckler M. D.
Medical Attendant.

Address, Hubbard Court

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 7 1898

CERTIFICATE OF DEATH.

Date of Death, July 6, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shafer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 108 West

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, July 8, 10 Clock

Undertaker, B Marle

Place of Business, 441 Light St

Theodore Cook M. D.
Medical Attendant,

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 2622 26206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hoerr

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Yeare,* ..... 3 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 337 E. Fayette st.

Cause of Death, {First (Primary,) Bronchial ~~Pneumonia~~ Catarrh

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, July 7th 1878

Undertaker, C. Eckhardt

Place of Business, 269 Canton Ave

D. L. Dunck M. D.
Medical Attendant.

Address, 27 E. Pleasant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUL 7 1898

CERTIFICATE OF DEATH.

Date of Death, July 6th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Koserke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 O'Donnell St

Cause of Death, {First (Primary.) Second (Immediate.)} Cholera Infantum

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 7th 1898

E Jones Williams M. D.
Medical Attendant.

Undertaker, H. Troehlich

Place of Business, 246 Eastern Ave

Address 17 Rutland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2621

Board of Health, City of Baltimore,

Permit No: 26208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Haase.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 84 Eutaw St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Convulsions.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 6th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant Holey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 686 Light St.

Cause of Death, First (Primary.) Trismus nascentium

Second (Immediate,)

Duration of Last Sickness, 4 Ds

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co.

Date of Burial, July 7th 1878

Undertaker, B. Herrold

Place of Business, Light St.

A. M. Dodge M. D.
Medical Attendant.

Address 207 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Louis Patrick.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty Seven *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Physician.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} Ellicott Mansion Fells.

Cause of Death, First (Primary,) Heart disease.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 8, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

D. C. Adams M.D.

Medical Attendant.

Address, Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Ott

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 63 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 351 E. Lombard st

Cause of Death, First (Primary,) pericardial dropsy

Second (Immediate,) dropsy

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 8 78

Undertaker, W. Frank

Place of Business, 35 Bank

D. L. Dorsett M.D.

Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Mary Martin~~ July 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 257 Ruston St.

Cause of Death, First (Primary,) Cancer of Breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem't Howard, Smith M. D.

Medical Attendant.

Date of Burial, July 9th 1878

Undertaker, John J. Andrews *Address*

Place of Business, No 416 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 26213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Stanley

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 305 ~~200~~ Eutaw St.

Cause of Death {First, (Primary,) Insanition

Second, (Immediate,)

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, July 7th 1878

Undertaker, J. Davis & Co

Place of Business, Lee St

James A Steuart M. D.

Medical Attendant.

Compton W. Pinkney

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Lesley Pue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 7 Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 226 North Eutaw str

Duration of Residence in the City of Baltimore, 10 mos 7 days

Place of Death, {Give street and number.} 302 Greenmount Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 8

Undertaker, Fry & Son

Place of Business, 344½ Broadway

E Gerardis M.D.
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Virginia Newman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 5 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 12 yrs 5 mos

Place of Death, {Give street and number.} 275 E Monument St

Cause of Death, First (Primary.) Burnt from Coal Oil

Second (Immediate,)

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 8

Undertaker, Fuhrer Bro

Place of Business, 37½ Broadway

& Geo Walls M. D.
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26216 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara T Blight

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days.*

~~Color~~

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balti City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Blair Road

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Two days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 8th 1878

Undertaker, Wm H. Stechman

Place of Business, 234 N Gay St

W. W. White M. D.
Medical Attendant.

Address 301 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Miller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Prince Charles Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 107 E. Charles St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th

Undertaker, Hercules Boss

Place of Business, 254 Conway St

Geo. H. Benson M. D.
Medical Attendant.

Address, 1 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kruger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 E. Royst.

Cause of Death First, (Primary,) Colera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 8th 1878

Undertaker, M. Frances

Place of Business, 280 Canton Av

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mar. Rr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. K. BOYLE, CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Burk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 224 S. Bond St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) ____

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 8th 1878

James J. Kramer M. D.
Medical Attendant.

Undertaker, Leduc Kurz

Place of Business, Bond St. *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 26420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Hooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* One *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} S. W. Cor Colvert & Read sts.

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,)

Duration of Last Sickness, 2 yrs 11 mo.

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, July 8th 1878

Undertaker, Jos F Byrne

Place of Business, 5 & Liberty Sts

John E. Clemmonsville
Medical Attendant.

Address S. W. Colvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below. See also Instructions on Page

Board of Health, City of Baltimore,

Permit No. 26221

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey Otto

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 239 E. Lombard Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9.

Undertaker, John Hennessy.

Place of Business, 336 Orleans St.

James F. McShane M. D.
Medical Attendant.

Address, 6 & 8 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 26222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a[illegible]ted out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Israel Dorsey

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~[illegible]~~ *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 4 Butlers alley between Mad Meluteon & Montgomery

Cause of Death { First, (Primary,) Marasmus { of Hughes
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pauls Cem[illegible]

Date of Burial, July 8th 1878

James A Steuart M. D.
Medical Attendant

Undertaker, L. LeGourde

Place of Business, 197 Bank St

Address, Comm[illegible] of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr. S. A. Bell

Board of Health, City of Baltimore,

Permit No. 26223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Dietz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fort City

Duration of Residence in the ~~City of Baltimore~~, Since 8 days

Place of Death, {Give street and number} St. Vincent's Inf. Asylum

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 8th 1878

Undertaker, Peter Kennedy

Place of Business, 311 Mulberry St.

Anthony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Shea

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 16 Little Paca St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, July 9th 1878

{*Undertaker,* J. B. Loab

Place of Business, No 707 W. Baltimore street

Coroner M.D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26225

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line} Laborer

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 61 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,) Acute regurgitation with Pulmonary Abscess which ruptured 2 days before death}

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Worcester Co Md

Date of Burial, July 9 78

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

R. W. B. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Lancet 11/24

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Tunkett

Sex, Male ~~or Female~~, {Cross out the word not required in this line,}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 32 Sarah Ann st

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, July 8th 1878

Undertaker, L. G. Gaudle

Place of Business, —

H Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 26227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Stewart

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 137 N. Carrie St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1878

Undertaker, Hughes & Co

Place of Business, 65 B Broadway

R W Mansfield M.D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26228.

The Physician who attended an
out, to the Undertaker or other perso
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie James Col Mother

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 35 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 212 Raborg St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem

Date of Burial, July 8 1878

Undertaker, L. L. Gourdet

Place of Business, Bank St

James H Steuart M. D.
Medical Attendant

Address, Comm of Health
L Regis Tax

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. Baldwin

Board of Health, City of Baltimore,

Permit No. 26229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Joseph

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States if of foreign birth.} England = 21 yrs in U.S.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 12 East Baltimore St

Cause of Death First, (Primary,)

Second, (Immediate,) Chol Morbus

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Harr Lenia Cem

Date of Burial, July 8d 1878

Undertaker, J. A. Hughes

Place of Business, 60 E Balto St

A Gregor Shepherd M. D.
Medical Attendant.

Consulting Physician

Address, J & J. Bates Bro's,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah S. Radcliff

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore all of her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 312 Linden Ave

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Salem Rev Ireary

Date of Burial, July 8th 1878

Undertaker, Howe & Hughes

Place of Business, 60 E Balto St

Thomas Sherwood M. D.
Medical Attendant.

Address, 9 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Special

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Richard Peters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} Found Drowned Smiths Dock Res 28 North St

Cause of Death, First, (Primary,) Accident

Second, (Immediate,) Drowning

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 4 PM

Undertaker, Jacob Muller

Place of Business, 21 Harrison St

Edmund R Walker M. D.
Medical Attendant.

Address, Corner M P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Combest

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number} No 1. Jefferson St alley

Cause of Death {First, (Primary,) Typhoid Fever -
Second, (Immediate,)

Duration of last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 8th 1878

Undertaker, W. & N. Dungel

Place of Business, No 62 East St

S. Lynch — *M. D.*
Medical Attendant.

Address, 137 Orleans -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Theresa Winters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Fremont St

Cause of Death, First (Primary,) } Inanition
Second (Immediate,) }

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 8 1878

Undertaker, Wm. H. Bush

Place of Business, 97 Druid Hill Ave.

A. F. Bibb M. D.
Medical Attendant.

Address 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edwd Coleman

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... 9 mos *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Hamburg St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem. Balto. Md.

Date of Burial, July 8th 1878

Undertaker, Ursula Ross.

Place of Business, 13 Conway St.

Helen Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Vesey Thomas Thompson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Biddle St

Cause of Death, First (Primary,) Epileptic Convulsions

Second (Immediate,) Coma

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'm

Date of Burial, July 9th 1878

Undertaker, Chas. T. Scrivner

Place of Business, 271 N Eutaw St

Frank E Bullitt M. D.
Medical Attendant.

Address 173 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26236 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Raign

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} (Ex. Baltimore & Cumberland) Prison

Cause of Death, {First (Primary,) Second (Immediate,)} Apoplexy?

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 9

Undertaker, C. O. Blizzard

Place of Business, 201 Lexington

R. D. Hunt M. D.
Medical Attendant.

Address Grey & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Campbell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, All Time

Place of Death, {Give street and number.} 69 Stirling

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 9th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

F. J. Kemble M.D.
Medical Attendant.

Address, 181 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26238

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Joseph Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 337 Mulberry St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cimetery

Date of Burial, July 8th 1878

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

J. W. C. Cuddy M. D.
Medical Attendant.

Address 383 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Cox

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 — 1 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oxford - England.

Duration of Residence in the City of Baltimore, about forty-five years

Place of Death, {Give street and number.} 226 W. Biddle St

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, Supposed to be about 24 hours. I saw her after death & gave this certificate in order to obtain burial.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, July 9th 1878

Alfred Hughes M. D.
Medical Attendant.

Undertaker, John G Andrews

Place of Business, No 416 Druid Hill Ave

Address 234 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26240

HEALTH DEPARTMENT
JUL 9 1878
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Albert Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number} 71½ Hanover St

Cause of Death, First, (Primary,) Eczema & Gastro-Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, July 9 1878

Julius Hall M. D.
Medical Attendant.

Undertaker, H. M. Gilmore

Place of Business 341 Canton Av *Address,* Southern Dispensary 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ophelia Schneblein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklandville Md.

Duration of Residence in the City of Baltimore, Since March 9th. 1877

Place of Death, {Give street and number.} N. Anthonys Upton Asylum Central Ave,

Cause of Death, First (Primary,) Typhoid Fever,

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, July 9, 1878

John F. Lemmon M. D.
Medical Attendant.

Undertaker, Henry Stoeck

Place of Business, 30 Central Ave *Address* S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Ph...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kungmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 73 N. Chapel St.

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Lt Olivet Cemetery

Date of Burial, July 10 1878

Undertaker, Henry Haack

Place of Business, 10 Central Ave *Address,* 68 S. Broadway

James L. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Barbara Krug

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number} 239 E. Eager's first

Cause of Death {First, (Primary,) Senility

{Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, July 10, 1878

Undertaker, Henry Stach Jr

Place of Business, 304 Central ave

Wm Sellman M. D.
Medical Attendant.

Address, E. Eager cor Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other pe... sooner, if requested so to do, und...

No PERMIT ... CA... ...NED WITHOUT ... ...RTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Demarco

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 20 *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 101 Camden St

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Dec 9 1878

Undertaker, Jas P. Byrne

Place of Business, Fourth St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr D. A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of T...

Board of Health, City of Baltimore,

Permit No. 26245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lina Riebel

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 326 Alice Anna St.

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 11th 1878

Undertaker, John C. Lefevre

Place of Business, 265 Alice Anna St.

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 78.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emilia M. Kroger

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 1 yr 10 months.

Place of Death, { Give street and number. } S. Ann. st No. 277

Cause of Death, { First (Primary,) Convulsions / Second (Immediate,) Exhaustion 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mathews Cemetery Dr. C. M. Schultze Jr. M. D.

Date of Burial, July 9th 78 Medical Attendant.

Undertaker, Henry Beir

Place of Business, 252 Alice Anna St. *Address* S.W.Cor. Toly st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26247 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

Date of Death, July. 6th 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Lucy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 101 Orchard St

Cause of Death, First (Primary,) Sarcoma.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 8th 1878

Undertaker, John Meacher

Place of Business, No 150 Camden

J E Eckstadt M. D.
Medical Attendant.

Address 114 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 26248 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Conner

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 7 Wyeth St

Cause of Death First, (Primary,)

Second, (Immediate,) General debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 1878

Undertaker, John Thacher

Place of Business, No 150 Camden St

S. H. Cuney *M. D.*
Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore.

Permit No. 26249

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Baker

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 39 *Years,* 1 *Months,* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 181 N. Bethel st.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) 8 years

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Bayers Cemetery

Date of Burial, July 10 78

Undertaker, H. Frank

Place of Business, 35 Bank St.

E. L. Jones, M. D.
Medical Attendant.

Address, 2711 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* 8 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Loughat 46

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Spasm

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 9 78

Undertaker, H. Funtz

Place of Business, No. 35 Bank

John A Schmidt M. D.
Medical Attendant.

Address 46 E Lan Lough & Edmond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry J. Heinemuller

~~*Son, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 27 *Days*

Color, Mulatto

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 27 days

Place of Death, {Give street and number.} 329 N Gilmore

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th 1878

Undertaker, Andrew Lutz

Place of Business, 1182 Druid Hill Ave

W. H. Eastman M.D.
Medical Attendant.

Address, 329 Gilmore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Compton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick moulder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Orchester Co. Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 313 Hanover

Cause of Death, First, (Primary,) —

Second, (Immediate,) Typhoid Fever I did not See the D. but a short time before he died

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lorbridge MD

Date of Burial, July 9

Theodore Cator M. D.
Medical Attendant.

Undertaker, J Lurch

Place of Business, 1102 Lee St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Frankl 1125

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Braddicks

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 40 *Years,* ~~11~~ *Months,* " *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 48 Little Monument bet. E.

Cause of Death, First (Primary,) Ovarities

Second (Immediate,) Exhaustion.

Duration of Last Sickness, ~~Two~~ Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 10th 78

Undertaker, Thos. Jas. Lyons.

Place of Business, 50 Mt. Vernon Pl.

Wm. H. Corby M.D.
Medical Attendant.

Address, 54 Bet. Liberty & St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Macken

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 89 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester N H

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 62 N. Madison St

Cause of Death First, (Primary,) Old Age

Second, (Immediate,) Heated Term

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 11th

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

Thomas Shearer *M. D.*
Medical Attendant.

Address, 9 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McCadden

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 85 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} E Baltimore St

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 10 1878

{*Undertaker,* James P Byrne

Place of Business, No 63 N Front St} *Address,* 174 Eastern Ave

E E Jordan M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 26256

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1878

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Mulhern

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 32 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Barkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 8 years in U. S.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 126 Light st.

Cause of Death, First (Primary,) suicide by laudanum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 9th 1878

Undertaker, Lar P Byrne

Place of Business,

P. E. Dawes, M. D.
Medical Attendant.

Address, 27 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26257

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Donohoe (Father)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Cor Forest & Monument

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 29th 1878

Undertaker, Las P Byrnes

Place of Business, ...

C. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Henderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ——

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number} 7 Young st.

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.)

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 10th

Undertaker, Wm E Clements

Place of Business, 53 Aisquith st

R Winston Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] the undertaker or other person superintending the burial of said deceased so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bay view Asylum

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} 14 Zero Alley

Cause of Death, {First (Primary,) ..... Second (Immediate,) Dentition

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1878

Undertaker, Jas Braxton

Place of Business 42 Druid Hill Ave

James H Chew M. D.

Address Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr J H Scott

[OVER.]

...ial Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 26260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Higgins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hair Factory Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 5 Cuba St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 9th 1878 Sheridan Coyle M. D.

Medical Attendant.

Undertaker, Timothy Denny

Place of Business, 263 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 26261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Shelly

Sex, Male or ~~Female~~, { cross out the word not required in this line. } M

Age, 1 *Years,* 5 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 13 d. Dunkin Al.

Cause of Death { First, (Primary,) Coup de Soleil
, { Second, (Immediate,) Wasting ills

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Dallas A. Cemetery

Date of Burial, July 10th 1878

{ *Undertaker,* Theodor J. Locker
{ *Place of Business,* 5 E Jefferson St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Bank Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 26262

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

Date of Death, July 8, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ahles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, Black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto MD

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 7 Neighbor St

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) During life

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1878

Undertaker, A Wayman

Place of Business, Saratoga St.

Signature of Attendant. Samuel Steinmetz M. D.

Address Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. S. Hunter

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 26263,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Middleton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number.} 31. Shuter

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Locust Point

Date of Burial, July 9th 1878

Undertaker, Thos J Locke

Place of Business, 56 Jefferson

W. B. O'Reilly M.D.
Medical Attendant.

Address, 335 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26264

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catherine Read

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Crose out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 111 Dover St

Cause of Death, { First (Primary,) Peritonitis / Second (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. J. Edward Kirby M. D.

Date of Burial, July 9th Medical Attendant.

Undertaker, Henry Brick.

Place of Business, Henrietta St 81 *Address* 91 S Greene st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26265 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Freeman

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* 8 *Days*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} East 87

Cause of Death, First (Primary,) Teething Diarhea

Second (Immediate,) Convulsions Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th 1878

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 26266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Lufman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 7 S Bethel St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) 5

~~Duration of~~ Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9th 1878

E J Way *M. D.*
Medical Attendant.

Undertaker, Wm N. Dunger

Place of Business, No 62 East St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

...ion of Physicians is respectfully invited to the remarks below. [illegible] of Diseases &c.

Board of Health, City of Baltimore,

Permit No. 26267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

☞ NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore,~~ Institution 17 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Tabes mesenterica

Second, (Immediate,) Asthenia

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10 th 1878

Undertaker, G. A. Coffman

Place of Business, 121 Penna Ave

Martin Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26268 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wilson Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~*Sex,*~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant (retired)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number.} 168 W. Fayette St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Softening of Brain 3 yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, July 10

J. W. Owings *M. D.*
Medical Attendant.

Undertaker, H. W. Pennington

Place of Business, 16 Light St. *Address* 2714 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26269 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 10.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. P. Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, {Give street and number.} 208 McHenry St.

Cause of Death, First (Primary,) Diabetes & Mellitus

Second (Immediate,) Asthenia

Duration of Last Sickness, About 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 10th 1878

Undertaker, John S Maichan

Place of Business, No 157 Candeln St,

W. R. Yaeger. M. D.
Medical Attendant.

Address 574 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26270

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fenton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 146 Conway

Cause of Death { First, (Primary,) ..... Convulsions
Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10th

Undertaker, Joseph F Byrne

Place of Business, 55 n Liberty *Address,*

S S Gilliss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26271

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, as soon as practicable and sooner, if requested so to do, under penalty of ...

NO PERMIT FOR BURIAL ... UNTIL CERTIFICATE ...

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dunks

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ~~—~~ *Years,* 10 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 355 Alice Ann St

Cause of Death, { First, (Primary.) ... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 10 1878

Undertaker, H. W. Gibbons

Place of Business, 341 Carlton Av

James A Steuart M. D.
Medical Attendant

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr L. F. McShane [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 26272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Gertrude Gentore

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3/12 *Months,* ____ *Days.*

Color, wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 120 Oxford st

Cause of Death, First, (Primary,) Hot weather

Second, (Immediate,) Collapse

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1878

Undertaker, Wm K. Madden

Place of Business, 335 N. Howard st

P. H. Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 26273

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Dick.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} U. S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Eastmount Ave.

Cause of Death, {First (Primary,) Heat.

{Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius

Date of Burial, 10th July.

{*Undertaker,* Adam Fehr

{*Place of Business,* 461 North Gay.

H. L. Kunkel M.D.
Medical Attendant.

Address, 181 Chapel st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. ~~X~~ 26274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 9 *Months,* *Days.*

Color, Light brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 year & 9 months

Place of Death, {Give street and number.} 109 Shields St

Cause of Death, {First (Primary,) unknown; Second (Immediate,) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10th

Undertaker, J E Blough

Place of Business, 319½ Penna Ave

B F. Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rose sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atte[illegible]

Board of Health, City of Baltimore,

Permit No. 26275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Stanley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 190 Scott St

Cause of Death First, (Primary,)

Second, (Immediate,) Chronic Diarrhoea

Duration of last Sickness, 24 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 10th 1878

Undertaker, John S Mackie

Place of Business, No 150 Eastern Ave

J H Kinney M. D.
Medical Attendant.

Address, 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other pers[illegible] within [illegible] sooner, if requested so to do, under [illegible].

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Batson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Peach alley

Cause of Death, First, (Primary,) —

Second, (Immediate,) Dropsy

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, July 11 1878

James A Steuart M. D.
Coroner's Assistant

Undertaker, Hercules Ross

Place of Business, 1 Paca St

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr B A Bell (OVER.)

The Sperm...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H. Miller

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 51 *Years,* 5 *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tin & Sheet iron worker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 169 E. Madison St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, 1½ Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, 10 July 4 Oclock

Undertaker, Geo. H. Rodenmayer

Place of Business, 38 Eutaw St.

S. Hartman & Son M. D.'s.
Medical Attendant.

Address, # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar Norman

Sex, Male or Female, { Cross out the words not required in this line. } M.

Age, *Years,* 20 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 295 E. Monument St

Cause of Death, First (Primary,) Burn

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount C.

Date of Burial, July 10th

Undertaker, Wm Fry

Place of Business, 54 N Broadway

H. L. Kimble, M. D.
Medical Attendant.

Address, 181 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26279 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Altmyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five

Place of Death, {Give street and number.} No 16 Lloyd

Cause of Death, First (Primary,) Pelvic tumor

Second (Immediate,) Exhaustive diarrhea

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, July 10 in 1878 A Friedenwald M. D.

Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St Address 88 W Eutaw Sheet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Theodore Kaercher

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, _____ *Years,* _____ *Months,* Twenty four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty four days

Place of Death, {Give street and number} 147 Harford Avenue

Cause of Death, {First, (Primary,) _____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 10th

James H Sloan M. D.
Medical Attendant.

Undertaker, H Weidefeld

Place of Business, Greenmount Av *Address,* Comm of Health H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr S. Hunter [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. McKenney

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* — *Months,* 16 *Days.*

Color, Black *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 183 Mulberry St.

Duration of Residence in the City of Baltimore, 16 days.

Place of Death, {Give street and number.} 183 Mulberry St.

Cause of Death, First (Primary,) Prostration

Second (Immediate,) Colic

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y F. B. Gardner M. D.

Date of Burial, July 10 '1878 Medical Attendant.

Undertaker, L. Ridgeway *Address* 120 N. Green St.

Place of Business, 25 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... Certificate.

Board of Health, City of Baltimore,

Permit No. 26282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Malone

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, {Give street and number.} 184 Dover

Cause of Death, First (Primary,) Chronic Malarial Fever followed

Second (Immediate,) by General Debility

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 11

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Edw. F. Micholland M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Parker

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, ~~*Years,*~~ 8 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 250 Franklin

Cause of Death, {First (Primary,) Dendition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10 7878

{*Undertaker,* John M. Walker

{*Place of Business,* 250 Franklin St

Louis E. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26284

The Physician who attended any person in [illegible] out, to the Undertaker or other person sup[illegible] sooner, if requested so to do, under penalty [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Phillips

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 20 Gilbert St

Cause of Death, { First, (Primary,) Pulmonary Phthisis / Second, (Immediate,) 6 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 10 1878

James H. Steuart M. D.
Medical Attendant.

Undertaker, W. H. Beshong

Place of Business, 5 mud Dill *Address,* Comm'rs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr S. Baldwin

Permit No. 26285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lynch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Charles St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alfonsus. Cem Dy.

Date of Burial, 11th July

Undertaker, Be Hearle.

Place of Business, 411 Light St. *Address* 95 S. Sharp St

H. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Edward Krug

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — ~~Years~~, 10 Months, ~~Days.~~

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the words~~ not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 4 Bradford alley

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days (I saw the child only a few hours before death)

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11 1878

Undertaker, John C. Schuch *Address* 28 N. Carrollton Ave.

Place of Business, Alice Ann St

A. B. Britton *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Between 1 & 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 11 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anthony

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* ____ *Months,* 1 21 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, Ins Institution 7 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 11 - 1878

Undertaker, Saml Bowen

Place of Business, 15 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Rau,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty eight *Years,* eight *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany,

Duration of Residence in the City of Baltimore, Twenty Seven years.

Place of Death, {Give street and number.} 319 Alice Anna st.

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, Eleven Months.

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemty

Date of Burial, July 11 1878

Undertaker, Henry Etzenhiser

Place of Business, 246 Eastern Av

Nicholas L. Dashiell M.D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hidden

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 291 Canton Ave

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Reformed St Paul County

Date of Burial, July 10th

Undertaker, H. Brocklick

Place of Business, 246 Eastern Ave

J Tustin M.D.
Medical Attendant.

Address, 247 S. Ann Mary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2629 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Benjamin Parker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 29 Allen Alley

Cause of Death, First (Primary,) Dysmus Tardentium

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, July 9 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

Geo. S Kinnemon M. D.
Medical Attendant.

Address 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Heyse

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 20 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} Spring Gardens

Cause of Death, {First (Primary,) Accidentally

{Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 11th 1878

Undertaker, D. F. H. Stockman

Place of Business, 234 W Gay st

R. C. Lee M.D.

~~Medical Attendant.~~ Coroner 3 D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July. 11th 78.

Full Name of Deceased, {Write legibly and spell correctly! If an Infant not named, give names of parents.} John Pehn

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ball. Ind.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Bruce St.

Cause of Death, First (Primary,) Whooping cough.

Second (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 12th 1878

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

Louis C. Horn M.D.
Medical Attendant.

Address, Myrtle ave Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Dorsey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* *Months,* 20 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} United States

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 220 N. Bond St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

Duration of Last Sickness, five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 12 July 1878

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Riley

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, {Give street and number.} 196 Front St

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate,) Gangrenous Bowel

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, July 10 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mulinari

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Hanover & Hill Sts

Cause of Death { First, (Primary,) Meningeal Irritation
Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 11th 78

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,*

S. Lilienau M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 11 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Cheeseman Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 5 Gilfords Alley

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 5 Gilfords Alley

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, July 10 1878

{*Undertaker,* L LeGrande

Place of Business,

Address 315 Light St.

Ryl C. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenza D. Boud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 16 Baker st

Cause of Death, First (Primary,) Cerebral Softening

Second (Immediate,)

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11th

J. L. Engle M. D.
Medical Attendant.

Undertaker, J E Clough

Place of Business, 319½ Penn ave *Address* 247 Lawale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A M Bourne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give street and number.} N. E. cor eighth & [illegible]

Cause of Death, {First (Primary,) Second (Immediate,)} Cancer of Stomach

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 12 "1878

Undertaker, M. A. Daiger

Place of Business, S. Broadway

G H Patterson M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878.

Full Name of Deceased, {Writes legibly and spell correctly. If an Infant not named, give names of parents.} John ~~Kane~~ Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 3 yrs. 5 mos. & 4 days.

Place of Death, {Give street and number.} 42 Cement St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) do

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 10, 1878

Undertaker, M A Kaiser

Place of Business, 74 S. Broadway

E. H. James M.D.
Medical Attendant.

Address Mansfield

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannee Davis

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ Two *Months,* ~~Days~~

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Parish Alley. No 17-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Parish Alley No 17-

Cause of Death, First (Primary,) Cholera Morbus.

Second (Immediate,)

Duration of Last Sickness, Forty Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Locust cemetery

Date of Burial, July 11 1878

Undertaker, William Krug

Place of Business, No 62 East St.

Thos. Strahan M. D.
Medical Attendant.

Address, 190. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 11 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iranna E. Donovan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 27 Hamburg St

Cause of Death, First, (Primary.) Alcoholism

Second, (Immediate.) Phthisis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 11 1878

Theodore Lodge M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, #263 Lig Ave

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Köllner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 144 Orchard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July Thr 12. 1878

Undertaker, J B Cook.

Place of Business, 707 west Balt St

D. G. Kellar M. D.
Medical Attendant.

Address 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette A. Skellges

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 541 N. Bond St.

Cause of Death First, (Primary,) Dentition.

Second, (Immediate,) Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, July 12th 1878

Undertaker, John J. Andrews

Place of Business, 104 X 6 Druid Hill Ave

G. G. Cook M. D.
Medical Attendant.

Address, Bell & Hanley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Act... ...his Certificate.

Board of Health, City of Baltimore,

Permit No. 24305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia Estherd Snow,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 1 *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 289 Bayard Street,

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, July 11th 78

Undertaker, C. A. Hizzard

Place of Business, 201 Penna Ave

John L. R. Shuey M.D.
" " "
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj: Albert Hoffman

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 29 *Years,* 5 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Currier

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 229 N. Fremont St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) a

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 11th

Undertaker, John E. Hough

Place of Business, 319½ Penn. Ave.

H. Buckler M.D.
Medical Attendant.

Address, 108 Park Ave
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten[illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hagner

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 469 W. Fremont St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem's — James A Steuart M. D.

Date of Burial, July 12 1878 Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penna Av *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. J. Baldwin M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 37 Abbott St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 Abbott St.

Cause of Death, {First (Primary,) Artificial Feeding / Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Hillsborough

Date of Burial, July 11, 1878

Undertaker, Henry Hoen

Place of Business, 909 Eastern Ave

A. E. Stein, ... *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schneider

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 526 N. Gay St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3½ weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Lutheran Cemetery Harford Road

Date of Burial, July 12th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Geo A. Wartman M. D.
Medical Attendant.

Address, # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Griffin

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Guild Hill Avenue

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Charles Allen M. D.

Date of Burial, July 11th 1878 Medical Attendant.

Undertaker, Lee Broxton

Place of Business, *Address* 104 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26311

The Physician who attended [illegible] person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other [illegible] sooner, if requested so to do, [illegible]

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Conway

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belfe City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 222 N. Wolfe St

Cause of Death, First, (Primary,) ~~22~~

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, Dec 11 1878

James A Steuart M. D.

~~Medical Attendant.~~

~~Undertaker,~~ M. Conway

Place of Business, 222 N. Wolfe *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr S. Hunter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Heil

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 83 Hamilton Street

Duration of Residence in the City of Baltimore, 17 Months & 10 days

Place of Death, {Give street and number.} 140 Hanover Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Exhibition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Chas. Shalom

Date of Burial, July 11th 1878

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

G. K. Filby *M. D.*
Medical Attendant.

Address 252 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26313,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Bamberger

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Years,* ..... 11 *Months,* ..... 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 7. N. Chapel st

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Lutheran Cem.

Date of Burial, July 12. 1878.

Undertaker, John Brown

Place of Business, 159 Ridgely st.

G. L. Davis, M.D.

Medical Attendant.

Address, 7 N. Chapel

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th. July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Sonier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Eastern Avenue - 168

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Magnolia Cemetery

Date of Burial, July 11 1878

Undertaker, W. Dorsel

Place of Business, Bond St

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE.

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tangney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 81 Yrs

Place of Death, {Give street and number.} 134 Sth High St

Cause of Death, {First (Primary.) Senile decay

Second (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 12th 1878

Silas N. Hunter M.D.
Medical Attendant.

{*Undertaker,* Charles F. Screen

Place of Business, Eutaw St (Near Biddle)} *Address* 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6316

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Benezet

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 S. Broadway

Cause of Death, First, (Primary,) 6

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 12th

A. F. Eich M. D.
Medical Attendant.

Undertaker, Wm. Pettit Schubert

Place of Business, [illegible] Street

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

0317

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

Date of Death, July 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Benzze

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 134 S. Broadway

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Scarlatina

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Keith

Date of Burial, July 12th

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, F. W. Hohlenbeck

Place of Business, 94 Eastern Ave. *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Att... ...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Forest

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 13 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} Basin near Bank

Cause of Death {First, (Primary,) Accidental

Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 11 1878

Undertaker, L. LeGourdes

Place of Business, 197 Barre St

C. V. L... M. D.
Medical Attendant.

Address, ... Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Collier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* eight *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} St Mary's Female Orphan Asylum Franklin

Cause of Death, First (Primary,) Hereditary Predisposition

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 12th 1878

F. E. Chatard M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, 45 Hanover Square

Address 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. L. Kershaw

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ Years, 11 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Stickney St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Rear of Canton St near Canal

Cause of Death, First, (Primary,) Pneumonia (Cumberland St

Second, (Immediate,) Congestion Brain

Duration of last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Balto Co

Date of Burial, July 11th 1878

G. W. Annis M. D.
Medical Attendant.

Undertaker, Wm Lloyd

Place of Business, Woodberry Address, Cor Stickney & Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wedel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 11 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 160 S Eutaw St

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate,) Peritonitis, &c

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 12 July 1878

Dr. Bartlett *M. D.*
Medical Attendant.

Undertaker, John C. Gluck

Place of Business, 265 Eutaw corner *Address* Lt Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

Date of Death, July 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Perkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} No 12 Bath st

Cause of Death, First (Primary,) Phthisis Pulmon

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 12th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

J H Kellum M. D.
Medical Attendant.

Address 23 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Lee

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ..... 10 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [redacted] City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 7 N. Madeira Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Antioch Cemetery

Date of Burial, July 12th

Undertaker, Enoch Kepler

Place of Business, 244 East Fayette

J. J. Power M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... ...ificate.

Board of Health, City of Baltimore,

Permit No. 26324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Ferguson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 39 & Calhoun St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1878

Undertaker, S. M. Leonard Sons

Place of Business, 182 W. Baltimore *Address,* 80 W Baltimore St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Jane Conken

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Forty four *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 34 N. Broadway

Cause of Death, First (Primary,) ....

Second (Immediate,) Abscess of liver

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, July 13th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

J. Clark Slay M. D.
Medical Attendant.

Address 54 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Louise Reiman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 1 5 *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 112 Thames St

Cause of Death, { First (Primary,) Diptheria
Second (Immediate,) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *Date of Burial,* July 13 1878

Geo Klepinger *M. D.* Medical Attendant.

Undertaker, H. Froelich *Address* 432 N. Calvert

Place of Business, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Croswell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, d. Lifetime

Place of Death, {Give street and number.} S. Carolines st. 270.

Cause of Death, First (Primary,) Trismus neonatorum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Evangely Cemetery

Date of Burial, July 12th/78

Undertaker, Henry Bein

Place of Business, 252 Alice Anna St.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Isabella Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 21 *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Vincent St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 12 1878

Undertaker, W. M. Dungee

Place of Business,

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who atteaded during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish withia forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Wolfensinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 3 *Months,* 1 *Days.*

Color, White. *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dairyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 389 Alice Ann St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem J. H. Martin M. D.

Date of Burial, July 13th 78 Medical Attendant.

Undertaker, C. C. France

Place of Business, 280 Canton Ave Address Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Richardson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, ~~ed~~

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Asquith 133

Cause of Death, First (Primary,) Vicissitudes of weather, Excessive heat & Erroneous diet

Second (Immediate,) Dysentery

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 12th 1878

Undertaker, Wm N Dungee

Place of Business, East St

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 1126

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen E. Waters

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 618 Hanover & Charles St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Diarrhea

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 12 1878 Thornton 6 W 6 M. D.

Medical Attendant.

Undertaker, L. B. Cook

Place of Business, Balto St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gillenson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Asylum Ground

Cause of Death, {First (Primary,) Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1878

{*Undertaker,* Wm N. Lungren

Place of Business, No 62 East St

C. C. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mc Donough

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Southern District S. House

Cause of Death, First (Primary,) Insolation.

Second (Immediate,) Sun Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lonaconing, Allegany Co.

Date of Burial, July 13th 1878.

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St.

Md. W. W. Webster M.D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Barnet 1127

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mourning

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 1.8.9

Place of Death, {Give street and number.} 35 Camden

Cause of Death, First (Primary,) Teething

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Point Va

Date of Burial, July 12th 1898

Undertaker, Wm Bleecher

Place of Business, No 15 N Camden St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 11/28

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary King —

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} "

Age, 9 1/2 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* —

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore "

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 626 Main Lombard St.

Cause of Death, First (Primary,) Acute Dysentery

Second (Immediate,) "

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 12th 1878

Undertaker, John A Hacker

Place of Business, No 150 Camden

Thomas — M. D.
Medical Attendant.

Address 160 Dugan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isa McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 342 Hanover

Cause of Death, {First (Primary,) Inflamation Brain

Second (Immediate,)

Duration of Last Sickness, 8 Dz

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, July 12th 78

Undertaker, C. F. Krause

Place of Business, 204 Hanover

A. W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlotte Gross

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 30 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Island Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 119 York St,

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, July 12 th

Undertaker, Hercules Fos,

Place of Business, 26 Conway St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Bare Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Edwards Cyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 9 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 114 Hill Street

Cause of Death, First (Primary,) Cataract

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, One Mon.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard St *Address* 49 Lombard St City

L. L. Brune *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ford

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~15~~ 15 *Years,* 10 *Months,* 24 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Mary Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 3 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1878 Gordon Co 276 M. D.
Medical Attendant.

Undertaker, S W Shuaze

Place of Business, S Howard's *Address,* 146 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gertrude Dennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years* Three *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 256 Calvert Street

Cause of Death, First (Primary,)

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1878

Undertaker, S. O'Wilson

Place of Business, 8 Hollins St *Address* 206 N. Eutaw St

Chas Mott *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Saunders

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 842 N. Baltimore St

Cause of Death, First, (Primary.)

Second, (Immediate,) Laceration

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, July 12 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard

Wilton Otis M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Carr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 N. Howard St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Brain Fever

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13 1878

James A. Steuart M. D.
Medical Attendant

Undertaker, R. Renwick Sen

Place of Business, 92 Howard St *Address,* Comm of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. L. H. Scarff

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M.a Elizabeth Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Boundary corner

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) about 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetry

Date of Burial, 13th July 1878

J H Pattison M. D.
Medical Attendant.

{*Undertaker,* Hyt. Watkins & Son

Place of Business, 16 Light St

Address 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna O'Brien

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Morris Alley

Cause of Death, {First (Primary.) Inanition

Second (Immediate,) Diarrhoea.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 12th 1878

Undertaker, Chas T Scriven

Place of Business, 271 W Eutaw st

H. D. Latimer M.D.
Medical Attendant.

Address, 169 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Centennial Kaiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* 26 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 202 E. Broadway

Cause of Death, {First (Primary,) Enteric Colitis / Second (Immediate,) Ulceration

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 13/78

{*Undertaker,* Fitz & Son / *Place of Business* 211 E Broadway} *Address* 211 E. Broadway

W. H. B. Lite *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. McGee

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 627 Eighth St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13

Thomas Ford M. D.
Medical Attendant.

Undertaker, H. Bristow

Place of Business, H. Hemmitt Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Hoerner

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ Nine *Months,* Sixteen *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 59 N. Wolfe St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, St Johns

Date of Burial, July 13th 1878

Albert Lyman *M. D.*
Medical Attendant.

Undertaker, F. C. Kohler

Place of Business, 44 E Lombard

Address 375 E. Baltimore St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. W. Corner of Barre & Sharp sts

Cause of Death, First (Primary,) Gastro Intestinal Catarrh fever

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. D. P. Hoffman M. D.

Date of Burial, July 13 1878 Medical Attendant.

Undertaker, Armstrong & Sons Address 321 N. Fayette St

Place of Business, #263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} America May Sparks.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, 3 months 2 days

Place of Death, {Give street and number.} No. 198 Montgomery St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, July 13th 1878

Undertaker, Mosby & Denny

Place of Business, 263 Light St.

M. L. Mitchell M.D.
Medical Attendant.

Address Office 129 Charles

Res - 137 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Shaw

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 4 *Months,* ____ 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } No 2 Gilmor St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th.

DR. J. H. SMITH, JUL 12 1878 BALTIMORE, MD.

____ *M. D.*
Medical Attendant.

Undertaker, F. L. V. Trott

Place of Business, #131 Hanover St. *Address,* 108 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Riefner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Dallas street 265

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,)}

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 14 1878

Undertaker, W C Watchman

Place of Business, 191 S Bond St

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Columbia Simpson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 37 *Years,* 2 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Joiner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 37 yrs &c

Place of Death, {Give street and number.} # 194 N. Caroline St

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Inflammation of Stomach and Bowels

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ch E Asbury Parish, Road

Date of Burial, July 14 1878

Undertaker, W E. Watchman

Place of Business, 191 S Bond St

Geo. H. Grayson M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 13 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Wesley

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Eight *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City MD

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 318 Gold Street

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Shorb St

Date of Burial, July 13 th

{*Undertaker,* Hercules Ross / *Place of Business,* 96 Conway St

L. D. Dyer M.D.
Medical Attendant.

Address, 144 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

Permit No. 26357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ernie

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 135 York Ave

Cause of Death, First, (Primary,) Want of Mothers Milk

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Theodore Cator M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Mattausch

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* One *Months,* Seventeen *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 321 South Bond St.

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) Diarrhoea & emaciation

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, L. Fellowes Cemetery

Date of Burial, July 13th 1878

Undertaker, Leonhard Zurz

Place of Business, S. Bond St. No. 277

John S. Lynch M. D.
Medical Attendant.

Address, No. 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26356

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Henry Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 4 Cumberland St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Cumberland St

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 14 1878

Undertaker, Walter Immel

Place of Business, 506 Pennsylvania Ave. *Address* Perry & Pratt near Pratt City

Henry J. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. #26357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Zeilmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 36 Days. *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Liquor Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore, 26 Years in Baltimore

Place of Death, {Give street and number.} No. S. Bond Street

Cause of Death, First (Primary,)

Second (Immediate,) Methomanie.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 15

Undertaker, W.S. Dippel

Place of Business, S. Bond st. 151 *Address*

Ernst Hauel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th. July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Kisel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} S. Castle Street No 55.

Cause of Death, First (Primary,) Hydrocephalus Chronicus.

Second (Immediate,) Convulsiones

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. *William Kenkel* M. D.

Medical Attendant.

Date of Burial, July 13

Undertaker, W. J. Dippel

Place of Business, S. Bond st 151 *Address* St. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hicks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 47. *Years,* *Months,* *Days.*

Color, Black.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, about - 40 years.

Place of Death, {Give street and number.} N° 14 Brewer's ally,

Cause of Death, {First (Primary,) She had immense fibroids of Uterus.
Second (Immediate,) Supposed Exhaustion from Heated term.

Duration of Last Sickness, about two months.

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, July 14 1878

Wm Cran Bibler M. D.
Medical Attendant.

Undertaker, Le Le Gourde

Place of Business, 197 Bare St

Address 47. Franklin St.

P.S. I did not see her within a month of her death.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lane

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} Forty Court Wash gton St near Gay St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 13th 1878 Edmund Wales M. D.

Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Asquith St *Address,* Coroner M P D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Grayham

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* Eight *Days.*

Color, Colored *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number.} 17 Hanpstead St

Cause of Death, First (Primary,) ~~First (Primary,)~~

Second (Immediate,) Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Hill Smelly

Date of Burial, July 12

Undertaker, Charles White

Place of Business, 5 Granby

F. E. Cooke M. D.
Medical Attendant.

Address 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dandy

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 71 *Years,* ——— *Months,* ——— *Days*

Color, White (?)

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Domingo

Duration of Residence in the City of Baltimore, 56 Years

Place of Death, {Give street and number.} 44 Bruntly al

Cause of Death, First (Primary,) Paralysis – Hemi Pl – left side

Second (Immediate,) ———

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Penn Bra Cemetery

Date of Burial, July 14th 1878

Undertaker, Wm S Hacker

Place of Business, No 150 Camden

L. H. Eastman M.D.

Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Days *Years,* *Months,* *Days.*

Color, *Sex,* White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Spinster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } No 111 Madison St

Cause of Death, { First (Primary,) Premature Labor

Second (Immediate,) ..

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 14th 1878

Undertaker, Rev J Locke

Place of Business, 66 Jefferson St

Clifford Wiese, *M. D.*
Medical Attendant.

Address No 111 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 26364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva A Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} N. 85 N Broadway

Cause of Death, First (Primary,) Consumption of Bowels

Second (Immediate,)

Duration of Last Sickness, Two months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 15th 1878

Undertaker, Hughes & Co

Place of Business, 66 S Broadway

L. H. Watts M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Phalan

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Lexington & Mount Sts

Cause of Death, First, (Primary,) Chol Infantum

Second, (Immediate,)

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13 " 1878

Undertaker, H. H. Jenkins

Place of Business, 16 Light St

M. D.

[redacted]t.

Address, Comm of Health & Recs Trac

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or, single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ernest Glassner

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ___ *Years,* Five *Months,* 7 *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 5 months 7 days.

Place of Death, {Give street and number.} No. 93. E. Lombard St.

Cause of Death, First (Primary,) Cold

Second (Immediate,) Peritonitis.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Dal[illegible] Cemetery

Date of Burial, July 14, 1878.

Undertaker, D. [illegible] Rossing

Place of Business, 99 Orleans St.

Francis T. Stucker M. D.
Medical Attendant.

Address 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M Murphy

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... ~~*Months,*~~ 10 Hours. ~~*Days*~~

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N West of Paca & Germon Sts. Premature (at the 8th Month.)

Cause of Death, {First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14th 1878

Undertaker, John Slocker

Place of Business, No 150 Camden St

John L. R. Hoge, M.D.
" " "
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Ph...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ermit No. 26368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

...ate of Death, July 13th 1878

...ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie C. Espey.

..., Male or Female, {cross out the word not required in this line.}

...e, ... Years, 1 Month, 1 Day.

...or, White

...ried, Single, Widow or Widower, {Cross out the word not required in this line.}

...upation,

...Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 508 E. Fayette

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Vomiting
Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Methodist Prot. Sep 15th 1878

Date of Burial, Sep 15th 1878

Undertaker, W. Logan

Place of Business, Bond & Hoy

G. A. Leas M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of ...tal Statistics in the City of Baltimore

SECTION 2. And be it further ...d and ordained, That whenever any person shall die in the said city, it shall be the ...luty of the Physician who attended ... his or her last sickness, or the Coroner, when the case comes under his notice, to ...urnish within forty-eight hours a... with to the Undertaker or other persons superintending the burial, a Certificate set-...ing forth as far as the same can be ...ained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND ST...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

Date of Death, July 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Mole

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 E. Biddle

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

..... M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Crist.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 25 Gough St

Cause of Death, First, (Primary.)

Second, (Immediate,) Bright's Disease of the Kidneys.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14 1878

Aug. F. Erich *M. D.*
Medical Attendant.

Undertaker, H. F. Darger

Place of Business, 94 E. Broadway *Address,* 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna H. Christman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 236 E. Durham

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 14th 1878

Undertaker, Jas Henry Sander

Place of Business, 252 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hawkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 38 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver of a Lumber Wagon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 163 Vine St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1878

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Hollow and 2d *Address,* 43 & W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26373,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other [illegible] or sooner, if requested so to do,

JUL 13 [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} 393 Cross St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Senile decay

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cy

Date of Burial, July 14th 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Jas Bosley

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate.

PERMIT FOR BURIAL CAN BE OBTAINED WITH PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* 17 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 L Dallis Ln

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 14th 1878

Undertaker, Frey & Bro

Place of Business, Fayette & Broadway

Attended M. D.

~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. C. M. Moffett

The Special Attention of Ph[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Regina Glanville,

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number} 327 E. Eager St.

Cause of Death First, (Primary,) Indigestion

Second, (Immediate,) Cholera Infantum,

Duration of last Sickness, four days,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 14th 1878

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

G. Glanville Rusk M. D.
Medical Attendant.

Address, Balt. & Bask. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26376

The Physician who attended [illegible] person in [illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other p[illegible] ing the bu[illegible]hin *twenty-f[illegible]* after the death [illegible]ed, sooner, if requested so to do, un[illegible] law.

NO PERMIT [illegible]IAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Lee

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 78 Montgomery St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Chol Infantum

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 13 1878

James A Linard M.D.
Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Das Bosley

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sea Augustus

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} Balto. Infirmary

Cause of Death, {First (Primary,) Gen'l Debility & Senile atrophy from

Second (Immediate,) three mon'ts

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1878

Undertaker, Wm. N. Dunges

Place of Business, No 62 East St

E. A. Chancellor M.D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gray

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 35 1/2 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Steward

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} Basin, near Beacham's S. Yard Residence 33 Watson St.

Cause of Death First, (Primary,) Drowned

Second, (Immediate,) Shock

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1878

Undertaker, Wm. N. Dunges

Place of Business, No 62 East st

P. C. Lee M. D.
Medical Attendant
Coroner 3d D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Bodenmayer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Church Home & Infirmary

Cause of Death, First (Primary,) Inflamatory Rheumatism

Second (Immediate,) Erysipelas Ulcer. & Septicaemia

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, July 14 78

Undertaker, Chas. P. Bryan

Place of Business, Front St.

J. J. Scarff, *M. D.*
Medical Attendant.

Address 86, N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Turner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 25 Hampstead St.

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallis St

Date of Burial, July 14th 78

Wm H. Hall *M. D.*
Medical Attendant.

Undertaker, Thos J Lucas

Place of Business, 56 Jefferson st *Address* 31 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 26381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Dorsey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 51 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 51 yrs

Place of Death, {Give street and number.} Balto Infirmary

Cause of Death, First (Primary,) Concussion

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Dec 13 1878

Undertaker, L. Le Gourd

Place of Business, 197 Barnes

E. F. Chancellor M.D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos B. Carroll

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} —

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 166 N. Central ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Pleuro Pneumonitis

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J. D Whitford M.D.
Medical Attendant.

Address, 195 Fairmount St City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bijane

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 5 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 142 E. Lombard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 14th 1878

Undertaker, James O Byrne

Place of Business, No 63 N Gay St

A. F. Erich M. D.
per Mrs Erich Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July, 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Grogan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 E. Lombard

Cause of Death, {First (Primary,) Senile Catarrh / Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 16 1878

J. W. P. Bates M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
{*Place of Business,* N.C 63 N Front St

Address 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1878 July 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Ellsworth Lewis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 10 | Months, ~~10~~ Days.

Color, Sex, White Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number. } S-S-Parkin.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 14th 1878

Wm D. R. Larkin M. D.
Medical Attendant.

Undertaker, I. H. Cook

Place of Business, No 707 W Baltimore Street Address 782 W Balt-St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday July 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Rusk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Six *Years,* Four *Months,* Eleven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Columbus Ohio

Duration of Residence in the City of Baltimore, about five years

Place of Death, {Give street and number.} Corner Hope and Lafayette Streets

Cause of Death, First (Primary,) Scarlet Fever (malignant)

Second (Immediate,) Gangrenous throat — mode of death "Effusion"

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 15th

Undertaker, George Schilling

Place of Business, Ashland Square

A M Elwell M. D.
Medical Attendant.

Address 285 E. Biddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Brantlick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Four *Years,* Nine *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 91 Granby St.

Cause of Death, First, (Primary,) Chronic Peritonitis

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, July 15th 1898

Wm H Clendinen M. D.
Medical Attendant.

Undertaker, M. Franck

Place of Business, 1st Fountain *Address,* 2102 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 31 *Years,* 6 *Months,* 13 *Days*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annarude County

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, {Give street and number.} No 8. Hanover st

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Annarel County

Date of Burial, July 14 1878

Undertaker, Samuel Wilmore

Place of Business, 8 Howard st

C. N. Buddenbohn M.D.
Medical Attendant.

Address, 166 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Spencer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Fifty Eight *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Dress Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Forty Six years

Place of Death, {Give street and number.} No 96 Henrietta St

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Anasarca

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 14 '1898

Undertaker, S M. Chase

Place of Business, Howard St

L L Dyer M.D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26391

The Physician who attended any person in a last ill... is responsible for the presentation of this Certificate... filled out, to the Undertaker or other person super... enty-fou... d, or sooner, if requested so to do, under penalty of ...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henzel Fougan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 101 Lancaster St

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 14 1878

James H Kenny M. D.
Medical Attendant.

Undertaker, A. Kobler

Place of Business, 2464 E. Lombard *Address,* Coroners Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr Jas H McShane

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie A Connolly

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 2 *Years,* ——— *Months,* ——— *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 214 N Howard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 15th 1878

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw *Address* 187 N Howard St

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Ph[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Curren

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* ..... *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 7 Trinity St

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Teething

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, July 15

Undertaker, W. J. Dipel

Place of Business, S. Bond st. 151

A Gregg Cheston M. D.
Medical Attendant.

Address, 11 S. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Coats

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* ~ *Months,* ~ *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 19 Nineteenth

Cause of Death, First, (Primary,)

Second, (Immediate,) Burn coal oil

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1878 Thurlow Crook M. D.

Medical Attendant.

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26394

The Physician who attended [illegible] filled out, to the Undertaker or other pers[illegible] ain twen[illegible] sooner, if requested so to do, under [illegible] law.

NO PERMIT F[illegible]IAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H B. Lebrilerre

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* ~~—~~ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 W. Caellis St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Cholinfantileus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Boltbeaks

Date of Burial, July 14 1878

Undertaker, W. M. Burgess

Place of Business, East 9th

James A Stewart M. D.
~~Medical Attendant~~

Address, Comm of Healt & Police

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr J. T McShane

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Apolonia Gossman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~~~ *Years,* Six (6) *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 164 Somerset Street

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate,) Collapsus Debilitatem

Duration of last Sickness, Four (4) weeks.

All the above information should be furnished by the Physician.

Place of Burial, H. Mechanic Cem.

Date of Burial, July 16 1878

Undertaker, Henry Heath

Place of Business, 104 Central Ave

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Weeks.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City,

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 12 S Mount St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 1 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 16th 1878

Undertaker, S. M. Leonard & son

Place of Business, 782 W. Baltimore

Wm. I. L. Wood M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 46 oclock PM Saturday July 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harman H. Sauls

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ——— *Years,* 11 *Months,* ——— *Days*

~~*Color,*~~ White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } Single

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } 145 Collington Ave City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 145 Collington Avenue City

Cause of Death, { First (Primary,) Pitonitis / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15. 1878

{ *Undertaker,* M. A. Dorsey / *Place of Business,* 74 S Broadway

J. E. Richards M.D.
Medical Attendant.

Address 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. J. J. Cockerill

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 23 S. Broadway

Cause of Death, First, (Primary,) Emphysema of Lungs.

Second, (Immediate,) Congestion of brain

Duration of last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, July 15. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E G. Craig

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } "

Age, 57 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } "

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 57 years 4 months

Place of Death, { Give street and number. } 181 Lexington St near Eutaw

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Pneumonia Exhaustion

Duration of Last Sickness, Almost instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Edmunds M. D.

Medical Attendant.

Date of Burial, July 15th 1878

Undertaker, Wm B Weaver

Place of Business, No 202 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th — 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Smiley.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 373 N. Lombard St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption.

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City E R Hard M. D.

Medical Attendant.

Date of Burial, July 16

Undertaker, C H Blizard *Address* 242 N. Lombard St

Place of Business, 201 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence McPeny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore City~~

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1212 (Eutaw Avenue)

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 15th

Undertaker, W. Watchman *Address* Hartsaine & Engrish Ins

Place of Business, South Bond St Dr. J. R. Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Sifferling

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Sixty one *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drover

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} ~~Over exertion in the heat~~ 316 East Madison St

Cause of Death, First (Primary,) Over exertion in the heat

Second (Immediate,) General exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, July 17 th 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Milton A Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of [illegible]re,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26403.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Mitchell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 363 E. Fayette St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, one days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th 1878

G. G. Lusk M. D.
Medical Attendant.

Undertaker, Hughes & Lea

Place of Business, 65 S. Broadway *Address,* Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of [illegible] is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26407.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Kapfer

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 59 *Years,* 3 *Months,* 14 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Rotenburg Bavaria

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Nr. Catt 341

Cause of Death, First (Primary,) Heart disease.

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Wep. Cemetery

Date of Burial, 16 July

Undertaker, Leimbach

Place of Business, W. Catt St 389

L. F. Reinhard M.D.
Medical Attendant.

Address, 224 N Fay Ha Town

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of P...

Board of Health, City of ...more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fred. Shute

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1221 E. Mont

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) .....

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, July 15th

James E. Kinsella M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caroline St. *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Wetherbee

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 147 N. Chester St.

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cimetery

Date of Burial, July 15th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 241 Canton Ave.

R. W. Manspeil M. D.
Medical Attendant.

Address, 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. BOLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary A. Cherry

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months.* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. E. cor. of Baltimore & Green Sts.

Cause of Death, First (Primary,) Spinal Irritation and Paralysis —

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 16 July

I. H. Butler M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St *Address* 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda M. Lee

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} North Carolina

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 62 E. Baltimore

Cause of Death, {First (Primary,) Gangrene of foot

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 16th

Undertaker, Geo. Schilling

Place of Business, Ashland Ave

D. C. Williams M. D.
Medical Attendant.

Address 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 July 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Feheeri

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11. *Months,* 12 Days *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Babe.

Occupation, - - -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 346 S Lambert Str.

Duration of Residence in the City of Baltimore, 11 months & Days.

Place of Death, {Give street and number.} 346 S Lambert Str.

Cause of Death, First (Primary,) ...

Second (Immediate,) Summer Disorder in Diarrhoea

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, July 14th

Undertaker, W. Smith

Place of Business, 35 Bank St, *Address*

Ernst Hänel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Cherry

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington N. C.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} S.E. Corner Ensor & Webb Sts.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 16 1878

Undertaker, Geo Schilling

Place of Business, Aisquith St

E Hall Bartlett M.D.
Medical Attendant.

Address, 15 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 26411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrika Lafsmann

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 74 *Years,* 2 *Months,* 16 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 665 W Baltimore St

Cause of Death, {First (Primary,) old age

Second (Immediate,) General debility

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Old Cem[illegible]

Date of Burial, July 16th 1878

{*Undertaker,* Robert Barth

Place of Business, 1291 Ballast

Henry Salzer M. D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo Talbot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Mary's County.

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} Nor Gay St

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,) Inf Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15. 1878

Undertaker, John G Gordon

Place of Business, 63 Park Avenue

Jno S. Day M. D.
Medical Attendant.

Address Balto Gen'l Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 26413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Heath

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* Twenty *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 102 Russell

Cause of Death, First (Primary,) Phthisis Hereditary

Second (Immediate,) Atrophy

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Church of Redeemer

Date of Burial, July 15. 1878

Undertaker, [illegible]

Place of Business, [illegible]

J. L. Ives M.D.

Medical Attendant.

Address, 145 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

Date of Death, Sunday July 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Brooks

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 149 Raborg St

Cause of Death {First, (Primary,) Spasm Infantum

Second, (Immediate,) Tetanus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 1878

Undertaker, S. W. Chase

Place of Business, 15 Howard Ave *Address,*

J. Quinn Horne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

Permit No. 26415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

Date of Death, July 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Hebron

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty two *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plastering

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 17. Clare alley

Cause of Death, First (Primary,) Renal degeneration

Second (Immediate,) Inflammatory Congestion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetary

Date of Burial, July 15 - 78

Undertaker, J. R. Davis Pro.

Place of Business, 103 Sea St

L. C. Dyer M. D.

Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 26416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Vincent

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* About 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, House 2 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of last Sickness, dying when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 16. 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Mastbury Brewer M. D.
Medical Attendant.

Address, 88 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 26417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* about 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the City of Baltimore, House 14 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, from Reception

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 16 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address, 68 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgana Murphy

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 87 Lancaster

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of last Sickness, 9 mos.

All the above Information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, July 16th

Undertaker, Henry Sanner

Place of Business, 253 Eastern Av

R. W. Mumford M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 26419

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Christian

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 3 weeks *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Buena

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give street and number } 43 Offord st

Cause of Death, First, (Primary,) Infantile Fever

Second, (Immediate,) Don't Know

Duration of last Sickness, No Physician in attendance

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 15

C. Winslow M. D.

Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Aisquith

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Page

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 128 N. Edward St.

Cause of Death First, (Primary,) Cerebro Spinal

Second, (Immediate,) Convulsions

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 17 1878

Undertaker, Chas. O. Lurtz

Place of Business, 1 E. Lafayette

G. G. Luck M. D.

Medical Attendant.

Address, Balt. & Park. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Colbert

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, Col'd *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 30 125 [illegible] Balto, Md

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 16th 78

Undertaker, Theodore Fiske

Place of Business, 30 Jefferson St

W. H. White, *M. D.*
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Draper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 ? *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 2 , Md.

Duration of Residence in the City of Baltimore, 7yrs.

Place of Death, {Give street and number.} 440 Forest

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Burial Ground

Date of Burial, July 15th 1878

Undertaker, Theo J Locke

Place of Business, 56 Jefferson St

D E Stillman M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26423,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah O Donnell

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 37 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 28 President

Cause of Death, First (Primary,) Cholera morbus

Second (Immediate,)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 16 1878

P. G. Dunet M.D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 26424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Root

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 396 E Monument St

Cause of Death, First, (Primary.) Chronic Gastritis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 16th 1878

Undertaker, W M St Hickman

Place of Business, 234 N Gay St

Wm L. Russell M. D.
Medical Attendant.

Address, Lexington & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Covington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ... *Months,* ... *Days.*

Color, white *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Guinea County

Duration of Residence in the City of Baltimore, Last 50 Years.

Place of Death, {Give street and number.} N° 169 Fisquith St.

Cause of Death, First (Primary,) Paraplegia sinistra

Second (Immediate,) Apoplexia cordis

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 16th 1878

Undertaker, Wm H. Stuchman

Place of Business, 234 N Gay St *Address* N° 176 Fisquith Street

L. R. Ivner M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 113 Greenmount Av

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 16 th

Charles H. Jones M. D.
Medical Attendant.

Undertaker, H. C. Niedefeld *Address* 53 E. Baltimore st

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 — 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary D. Harriman

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Saleswoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 Chew St Balto City

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Collapse 36 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, July 16th 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 ct Gay St.

Alf. H. Powell M. D.
Medical Attendant.

Address: 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1129

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wagner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 6 *Months,* 10 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 E Monument

Cause of Death, First (Primary,) Dyspepsia

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, July 17 1878

Undertaker, Henry Fox

Place of Business, 36 N. Central Av.

W Stevens M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie MacClellan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 159 Union St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

~~*Duration of Last Sickness,*~~ .....

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 16 th

D Webster Bethell M. D.
Medical Attendant.

Undertaker, H C. Wiedefeld

Place of Business, 20 Greenmount av *Address* 21 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Accompanying

Board of Health, City of Baltimore,

Permit No. 26430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pilger

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 33 years in America

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 38 City Block

Cause of Death, {First (Primary,) Cancer of Stomach / Second (Immediate,) Cachexia.

Duration of Last Sickness, 1 Year

~~All the above information should be furnished by the Physician.~~

Place of Burial, Ball's Cemetery

Date of Burial, July 16th 1878

Undertaker, Geo Schultheis

Place of Business, 186 S. Bond St

Wm Gambel M.D.
Medical Attendant.

Address, Cor. Saratoga & Calvert Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th. July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eva Elisabetha Barthel.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Madeyra Alley 160.

Cause of Death, First (Primary,) Dentitio

Second (Immediate,) Convulsiones

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Alms house cemetery

Date of Burial, July 16

Undertaker, J. H. Dippel

Place of Business, 157 S Bond st

William Hennel M. D.
Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bowe.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 34 Not known *Years,* *Months,* *Days*

Color, Black,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life,

Place of Death, {Give street and number.} E. Josephine Court,

Cause of Death, First (Primary,) Phthisis Pulmonalis, and Effusion

Second (Immediate,) Patient; Hemorrhage from the Lungs

Duration of Last Sickness, Has been sick since last Winter

All the above information should be furnished by the Physician.

Place of Burial, Interred at Cemetery

Date of Burial, July 16 1878

Undertaker, Samuel H. Shaw

Place of Business, 8 Howard st

John S. R. Hays M.D.

" " Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26433,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15, 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Gant

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 65 *Years,* —— *Months,* ..... *Days*

Color, Blk

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 42 Oxford

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Ricketts

Date of Burial, July 17 1878

Undertaker, S. H. Chase

Place of Business, 5 Howard st

Louis M. Eastman M. D.
Medical Attendant.

Address, 349 Lee st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Riley

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 20 *Years,* 6 *Months,* ~~ *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coloner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Va

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Balto Infirmary

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 15th 1878

{*Undertaker,* L. L. Gourde

Place of Business, Barre St.

E. O. Chancellor M.D.

Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin H. Hanes

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 59 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cotton Broker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pendleton District S. C

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 83 Harlem Avenue

Cause of Death, First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) " " " "

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 17th 1878

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Schmick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 72 Park ave

Cause of Death, First (Primary,) Gastro intestinal irritation

Second (Immediate,) Convulsion & Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th

Undertaker, H Meyer

Place of Business, 106 North Howard

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Green Kirkland

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 1 *Years,* 3 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Birth

Place of Death, {Give street and number.} 194 La Fayette Ave

Cause of Death, First (Primary,) Diarrhea.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cath Cy

Date of Burial, July 16/78

Undertaker, Edward Mercer

Place of Business, 30 Park Ave

E. E. Chatard M. D.

Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evgr. W.H. Miller

~~Sex~~, *Male or* ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 170 E. Durham St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 16 "7878

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, John Creamer

Place of Business, Canton Ave

Address, 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Bell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Potter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 Pierce street

Cause of Death, First (Primary,) Valvular Disease of Heart (Mitral)

Second (Immediate,)

Duration of Last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 16 July

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St

A Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Henry Jones.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 97 Sarah Anne St, near Chalvert

Cause of Death, { First, (Primary,) — Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, July 16 1878 James A Steuart M. D.

Undertaker, L. LeGorcier

Place of Business, 197 Bank St *Address,* Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Exam by Dr H. Darling

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1911 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 3 Wheeler St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th

Undertaker, Chas A White

Place of Business, No 35 Canby St.

Wm. L. Reese M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26442

The ... person in a last illness is responsible for the ... out, to the ... sooner, if requ...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITH... PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Warnefeld

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 39 *Years,* 10 *Months,* 27 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Restaurant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany. 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 152 Light St

Cause of Death, { First, (Primary.) ... Second, (Immediate,) Pneumonia

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 17 1878

James A Steuart M. D.

Undertaker, Fred G. Doll

Place of Business, 131 Hanover St *Address,* Comm of Health Hopkins Hos

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam Dr G. F. Cosse

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1911 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A. Colman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 1 yrs 7 mos

Place of Death, {Give street and number.} 1 Madison Ave

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte

Date of Burial, 16 July 3 Oclock

Undertaker, Geo. H. Rodenmayer

Place of Business, 38 Eason St

E. C. Jones M.D.
Medical Attendant.

Address, 115 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26444

The Physician who attended any perso[illegible]ded
out, to the Undertaker or other person supe[illegible], or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Purnell

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 7 Chestnut St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congl Infantilism

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1878

Undertaker, C. A. White

Place of Business, Granby St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. E. Geo Waller

OVER.

Board of Health, City of Baltimore,

Permit No. 26445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Weeks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 89 Jasper St

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)}

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, July 16 1878

Undertaker, Wm L Snoden

Place of Business, 63 Park Ave

H. C. Williams M.D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 36446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meyer

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 436 Canton Ave

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 17th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave

J. Mathies M.D.
Medical Attendant.

Address, 248 S. Belnord Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. O'Neile

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 190 Franklin St

Cause of Death, First (Primary,) Chronic Enteritis with marasmus

Second (Immediate,) asthenia

Duration of Last Sickness, He had been ill since 1861 with chronic diarrhea

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. C. Chew M. D.

Medical Attendant.

Date of Burial, July 16th 1878

Undertaker, Wm O'Weaver *Address* 141 Lanvale St

Place of Business, No 202 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottfried Bergund

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} № 158 Eastern Ave

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate,)

Duration of last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ev Luth St Paul cemetery

Date of Burial, July 17th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

L. Wuberus M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ta

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Webb

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 542 S Clinton St

Cause of Death, First, (Primary,) Teething and Heat

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 17 1878

Thurlow Cook M. D.
Medical Attendant.

Undertaker, Armistry Sons

Place of Business, 263 Light

Address, 146 E Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 26450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Link

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 East St

Cause of Death, First (Primary,) Cerebro Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 17th

Samuel J Bell *M. D.*
Medical Attendant.

Undertaker, H. C. Wiedefeld *Address,*

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Reinhart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 35 *Years.* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Travelling Agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany)

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number} Spring Gardens

Cause of Death First, (Primary,) Accidentally

Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Ft Meade Cemetery.

Date of Burial, July 17th 78

Undertaker, J. L. Hurle.

Place of Business, 411 Light St

R. C. LEE M. D.
Medical Examiner.
Coroner B. D.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Levy Johnson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 8 Federal St. near Decker St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Marasmus

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, July 17th 1878

Undertaker, John J. Andreis

Place of Business, No 4 & E. Fund Hall

A. C. Fox M.D.
Medical Attendant.

Address, 82 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew H. Higgins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 217 Gough St.

Cause of Death First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, July 17th 1878

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Murphy & Lee

Place of Business, 658 Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Bartlett,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boat Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 217 Bank St.

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)}

Duration of Last Sickness, Twelve months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cemetery~~ Bath Cemetery

Date of Burial, July 18th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Nicholas L. Dashiell M.D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 26455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willis Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventeen *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 188 S. Durham St.

Cause of Death, {First (Primary,) Acute Phlegmonous Erysipelas

Second (Immediate,) " "

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 17th 1878

{*Undertaker,* Theodore J. Locke

{*Place of Business,* 66 Jefferson St.

Whitfield Williams, *M. D.*
Medical Attendant.

Address 1164 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 16 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hebert

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Six — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} Cor Pratt & Eden Sts.

Cause of Death, First (Primary,) Violation of 3rd Cervical

Second (Immediate,) bone.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. D. C. Ireland M.D.

Date of Burial, July 18 Medical Attendant.

Undertaker, [illegible] Address, Coroner.

Place of Business, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Thurio

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~? {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number} N 15 N Pop[illegible] Colleras Infirmary

Cause of Death, First, (Primary,) ____

Second, (Immediate,) ____

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, N Athanasius Cemetery

Date of Burial, 17 July

Paul Entzian M. D.
Medical Attendant.

Undertaker, P Kimmel

Place of Business, 317 Mulberry

Address, 582 W Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26458,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 16 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCormick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 342 Hanover St

Cause of Death { First, (Primary,) Pregnancy
Second, (Immediate,) Uraemia

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, July 17th 78

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Address,

[illegible] Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

Date of Death, July 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Vollers

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 79 N. Fremont st

Cause of Death, First (Primary,)

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Lutheran Cemetery

Date of Burial, July 17th 1878.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore Str.

Louis Ludwig M.D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Eliza Jane Fortney

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 175 Orleans St.

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Acute Peritonitis

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 18 1878

Wm H Henderson M. D.
Medical Attendant.

Undertaker, W C Watkins

Place of Business, 12 S Bond St *Address,* 2 & 102 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weddenkopf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 413 N. Pine St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 21

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 18 1878

E. E. M. D.
Medical Attendant.

Undertaker, Geo Heinbach

Place of Business, 389 W. Pratt St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 22

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Finn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 yrs —

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 1425 Albemarle St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Heart disease

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 17th 1878

Undertaker, James P. Byrne

Place of Business, Front St

Thomas F Kenealy M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Jas F McShane

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Starkey,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 550 E. Fayette st

Cause of Death, First (Primary,) Typhoid Fever,

Second (Immediate,)

Duration of Last Sickness, Four weeks,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18/78

Undertaker, Fy[illegible]

Place of Business, 574 W Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hoefler

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Sixty ——— *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 330 Canton ave

Cause of Death, First (Primary,) Arsenic Poisoning (Suicide)

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 19th

Undertaker, Wm. Sandor

Place of Business, 259 Canton Ave

D. C. Ireland M.D.
Medical Attendant.

Address, Corner E. A.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 26465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Scott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} No 10 Natus Court

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetty

Date of Burial, July 17

Undertaker, James Brackston

Place of Business, Druidhill Ave

H S Bowie M. D.
Medical Attendant.

Address Northwest Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26466,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*

, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krebbiel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 8 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 64 McElderry St Extended

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 17th 1878

Undertaker, John Herwig

Place of Business, 388 Orleans St

James Steuart M. D.

~~Health Commissioner~~

Address, Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr L. F. McShane Registrar

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sohida Rempfo

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5 Orleans St.

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,)

Duration of Last Sickness, ½ Day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'tary

Date of Burial, July 18, 1878

Undertaker, Christ Hasse

Place of Business, 141 Low-St

C Hoffman M.D.
Medical Attendant.

Address, 57 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 26468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Moore

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, — *Years,* 1 *Months,* 6 *Days*

Color, Belc

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 Jenkins alley

Cause of Death, First (Primary,) dropsy

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1878

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave.

G Lane Tanyhill M.D.

Medical Attendant.

Address, 129 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Hanft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} No 1 N. Stricker St-

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Hebrew Cemetery

Date of Burial, July 18th 1878

Jas H. Gaskins M. D.
Medical Attendant.

Undertaker, F. M. Leonard

Place of Business, 782 W. Baltimore Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Killiens

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 4 Spruce Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 17th 1878

Undertaker, M. A. Darcy

Place of Business, 74 S. Broadway

James L. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 26471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended [illegible] out, to the Undertaker or other p[illegible] sooner, if requested so to do, und[illegible]

[illegible] ity.

[illegible] TH DEPARTM[illegible]

NO PERMIT FO[illegible] BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Stanley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 305 S. Eutaw St.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.)

Duration of last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, Shaaro St Ans

Date of Burial, July 18 1878

Undertaker, Jacob David

Place of Business, 103 Lee St

James A Steuart M. D.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr Geo Bosley

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwas Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} Balt°. City Jail c

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 16

Undertaker, Patrick Mullin *Address* 95 E. Baltimore

Place of Business,

D. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Keller

~~*Son, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, whit

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 187 N. Caroline St.

Cause of Death First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ger. Ref. Cemetery

Date of Burial, July 19th 1878

Undertaker, H. Frank

Place of Business, 35 Bank St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew C Baugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Wheatcroft st

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)}

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18th

Undertaker, S M Leonard & Son

Place of Business, 782 Baltimore st

Henry J Hunt M. D.
Medical Attendant.

Address Penn & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

Date of Death, July 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonia Robb

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 4 mos—

Place of Death, {Give street and number.} 10 Rock St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18

Undertaker, C. M. Blizzard

Place of Business, 201 Pennsylvania Ave

Thomas Opie M.D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie M Riggin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White ~~*Sex,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore Maryland

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 99 N. Exeter St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 18/78

Undertaker, W H Hickman

Place of Business, 234 N Gay St

H W Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Martha J Handsley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48. *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, {Give street and number.} 175 Linden av -

Cause of Death, {First (Primary,) Remittent fever - during the course of which she collapsed from the effects of which she died about 5 days.

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 19

Undertaker, Fowler & Mackey

Place of Business, 150 Camden St

W Cruse Bibbins M.D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wolfgang Schäin

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bayern Germany (22 yrs in America

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 18th 1878

Undertaker, H Schultheis

Place of Business, Monuments

Owen J Cullen M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes McGary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 107 Curley St. Balto. Md.

Cause of Death, {First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, July 19

Undertaker, B Slattery

Place of Business, E Lee Centre

E. Jones Wilson M. D.
Medical Attendant.

Address 17 Paluxent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Wilms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 45 S. Howard St.

Cause of Death, First (Primary,) Old Debility.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two or three hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20 th

Undertaker, H Meyer

Place of Business, 106 north Harvey Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 26481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Beck

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 6 Booth St

Cause of Death, { First (Primary,) Phthisis / Second (Immediate,) " }

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 19 1878

{ *Undertaker,* C F Krause / *Place of Business,* 209 Hanover St } *Address,* 58 W Lexington

Thomas Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE.

Date of Death, July 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel, Louis, Vogelgesang.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* 2. mths, 2 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #439. E. Chase. St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) ~~Exhaustion~~. Enteric Colitis.

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19/78

Undertaker, Hyde & Son

Place of Business, 134 N. Broadway

Geo. F. Taylor M. D.
Medical Attendant.

Address, #233 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Thomas Denby

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, African *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shirten Street No 22

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 22 Shirten st

Cause of Death, First (Primary,) Disorders of the Digestive Organs

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About two weeks

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 18

A. J. Foard M. D.
Medical Attendant.

Undertaker, Charles White

Place of Business, 35 Granby st *Address* 254½ S. Bond St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26484 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc Gonnell

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 25 Yrs

Duration of Residence in the City of Baltimore, 20 s Constitution

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Injury
Second (Immediate,) Surgical Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 19 1878

Undertaker, James O Byrne

Place of Business, 63 Front St

Silas H. Hunter M.D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26406

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hannan,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labour

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland. 30 Yrs in U. S.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 15 Chestnut St

Cause of Death, {First (Primary,) Cirrhosis of Liver

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 18 1878

Undertaker, James P Byrne

Place of Business, No 63 N. Front St

Wesley Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Feige

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} Bell Air Rd.

Cause of Death, {First (Primary,) Epilepsy - Second (Immediate,) Lung paralysis}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 19th

Undertaker, Geo Schilling

Place of Business,

J Stanford M.D.
Medical Attendant.)

Address, 7 L. Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other per[illegible] sooner, if requested so to do, unde[illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Harris Father

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 237 Cross St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Convulsions.

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cem[illegible]

Date of Burial, July 18 1878

James A Steuart M. D.
Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, Comm[illegible] of Health
& Hygiene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Jas Bosley

[OVER.]

No. 26488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leng Gardner

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} S. Wolf & Fleet

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,)

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, July 19th 1878

Undertaker, Leonhard Feurer

Place of Business, S. Bond str. No 2[illegible]

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 & 11 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson & Mrs Lockley (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Rice St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, July 18 1878

James H Slemons M. D.
~~Medical Attendant~~

Undertaker, James Brackston

Place of Business, 20 Druid Hill Ave *Address,* Comm of Health & Recorder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. Vansant S. D.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Geddes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 282 Myrtle Ave

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis, Hemiplegia

Duration of Last Sickness, Five days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 20th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

H. W. Briggs M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heming Key

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 276 O. Ann

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Ss Alphonsus Cem

Date of Burial, July 19th 78

R. W. Manspeil M. D.
Medical Attendant.

Undertaker, Michael Clarence

Place of Business, 280 Canton Ave *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Wright

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 44 *Years,* 7 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 S. Exeter St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Paralysis of Stomach & Bowels

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 21 1878

Undertaker, Chas P Byrne

Place of Business, 63 Front St

A. Wright Sherzer M. D.
11 S. High St Medical Attendant.
Consulting Physician

Address, Dr. Frazer, 18 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26493.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878

CERTIFICATE OF DEATH.

Date of Death, July 18 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Kafka

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 14 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 104 Druid Hill Ave

Cause of Death { First, (Primary,) Whooping Cough

, { Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Jew Burial ground Philadelphia Road

Date of Burial, July 19

A Hamey M. D.
Medical Attendant.

Undertaker, C H Hazard

Place of Business, 201 Pennsylvania Ave *Address,* 76 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2644 94

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant name. Laur A Burs

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md Carroll alley.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } Parish alley

Cause of Death, First, (Primary,) did not attend & Can't Say

Second, (Immediate,) ____

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12. 1878

Undertaker, John C Jordan

Place of Business, No 6 E Pratt St

G Watkins M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21647

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1878

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard S. Burgess

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 6 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 mos. 6 days

Place of Death, {Give street and number.} No. 21 Rose St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 1½ hrs. Acc'd of Dr. P. C. Williams his is out of town, I have not seen the child. Eldridge C. Price M. D.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19. 1878

Undertaker, John B. Gordon

Place of Business, 163 Park St.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keeper

No. 26496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1898

CERTIFICATE OF DEATH.

Date of Death, July 18 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Fred Baas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and number} On Pier 6 Locust Point

Cause of Death First, (Primary,) Coup de Soleil

Second, (Immediate,) Heat Prostration

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Mt. Carmel Cemetery

Date of Burial, July 19, 1898

Undertaker, H. A. Dargan

Place of Business, 74 S. Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries will make returns of all Permits for Burials

No. 26497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludie H. Barnes

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ___ *Years,* ___ *Months,* 14 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, C S Balt.

Place of Death, {Give street and number.} 57 Eastern

Cause of Death, {First (Primary,) Diarrhoea & Exhaustion

Second (Immediate,)

Duration of Last Sickness, from Birth 12 to 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th 1878

Undertaker, Theodore J. Locke

Place of Business, 36 Jefferson st

J. Ridgway Smith M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1878

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mar. Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Montgomery Co Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fredrick av. 2nd door W. of [illegible]

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Old age

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, July 19, 1878

Undertaker, J. R. Blackiston & Son

Place of Business, 606 Balt St

H. F. Hill *M. D.*
Medical Attendant.

Address 325 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burnett 1132

[OVER.]

Keepers of Cor...

No. 26...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stroebel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* 5 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher & Green Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 28 yrs

Duration of Residence in the City of Baltimore, 2...

Place of Death, {Give street and number} 284 Montgomery

Cause of Death First, (Primary,) Malignant Pustule

Second, (Immediate,) Uraemia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21 78

Undertaker, Henry Brick

Place of Business, Hennrietta St #1 *Address,*

S. Duncan Steele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...eteries in City of Bal... ...thereof.

No. 26500

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1878

CERTIFICATE OF DEATH.

Date of Death, Thursday July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 185 Greys Court

Cause of Death, {First (Primary,) Malnutrition & General Debility.
Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, E. Public Cemetery

Date of Burial, July 19 1878

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Pat Mullein

Place of Business, 67 Cambridge St. Address 25½ Gruman Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Graham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 5 Claret alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Apoplexy

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19 1878

Undertaker, S. G. Chase

Place of Business, 5 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. MOLANY & CO., CITY PRINTERS AND STATIONERS,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Chaplin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4. *Years,* 5 five *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 54. Morris Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria & Croup

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1878

Undertaker, S W Chase

Place of Business, 8 Howard st

A. Cook M. D.
Medical Attendant.

Address 82, N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26503,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1878

Date of Death, July 19th 3. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fridericka Hatt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* [illegible] *Days.*

Color, whrl

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, thirty

Place of Death, {Give street and number} No 93 Exeter

Cause of Death, First, (Primary,) Age.

Second, (Immediate,) Apoplexia Cerebri

Duration of last Sickness, 12 days. partly sick.

All the above information should be furnished by the Physician.

Place of Burial, B. M. Cemet

Date of Burial, July 20th 18

Undertaker, [illegible]

Place of Business, [illegible]

John I Fitzer M. D.
Medical Attendant.

Address, 81. Nord. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Day

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 16 *Days.*

Color, Col *Sex,* Fenal

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 159 Montgomery st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 140 South Howard st

Cause of Death, First (Primary,) Chol Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Days 6

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, July 19 1878

J J Shelly M. D.
Medical Attendant.

Undertaker, L. LeCourdc

Place of Business, 197 Barre St *Address* 260 South Eutaw st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26505,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Tell

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~Years~~, 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bay

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 245 N. Front Street

Cause of Death, First (Primary,) Gastro-Enteritis neonatorum

Second (Immediate,) Collapsus

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, B. O. Cemetery

Date of Burial, July 19th 1878

Undertaker, Abriel Schmidt

Place of Business, 263 Eager St

A. Stathis M.D.
Medical Attendant.

Address, 245 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26506

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel I. Brooks

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 111 Chestnut Alley

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Dec 19 1878

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, W. H. Bullock

Place of Business, Druid Hill *Address,* Comm of Health Negro Bu

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by L. Fitz Patrick M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Westenberger

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 9 *Years,* 6 *Months,* 16 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 9 yrs & 6 m

Place of Death, {Give street and number.} 116 N Schroeder

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, 20 July 1878

Undertaker, J. & D. Kennard

Place of Business, 317 Madison St

L. M. Steiman *M. D.*

Medical Attendant.

Address, 314 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McGarry

~~*Sex*~~, *Male* ~~*or Female,*~~ {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cork, Ireland - 8yrs in U.S.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} No. 588 Hanford Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Sun-Stroke - (Coup de Soliel.)

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, N.Y. Cross Rd

Date of Burial, July 19th 1878

Undertaker, Henry Storck

Place of Business, 307 E. Eutaw St

H. E. T. Manning M.D.
Medical Attendant.

Address, 357 Hanford Av.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Roberts Male

Sex, Male or Female, {Cross out the words not required in this line.} —

Age, — *Years,* — *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — —

Occupation, — —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} No 417 Cross st

Cause of Death, {First (Primary,) Congestion

Second (Immediate,) Congestion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetry

Date of Burial, July 18th 1878

{*Undertaker,* W. E. Gourdie

Place of Business, Barre St

C. L. Buddenhagen M.D.

Medical Attendant.

Address, 166 N. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, AND TO LIST OF DISEASES ON BACK.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Louisa Clark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 Sarah Ann st

Cause of Death, {First (Primary,) Typhoid Fever; Second (Immediate,) Peritonitis from Intestinal perforation}

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Friday July 19th

Undertaker, Frederick J Naumeth

Place of Business, No 412 Saratoga st

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm O Kief

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 Mo. *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 158 E Madison Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 19 1878

Geo 18 Reynolds M. D.
Medical Attendant.

{*Undertaker,* James P Byrne
{*Place of Business,* No 63 N Front St *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhemina Gentemann Schickores

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } —

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 278 S Eutaw

Cause of Death, First, (Primary,) Closing of the Aortic Communis Obliteri

Second, (Immediate,) Heart Disease

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 21 1878

Gordon Cotta M. D.
Medical Attendant.

Undertaker, J. H. Brush

Place of Business, 81 Hanover

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Ann Smith

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* —— *Months,* —— *Days.*

Color, Negress

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, {Give street and number.} 12 St Paul St

Cause of Death, {First (Primary,) / Second (Immediate,)} Remitted Fever / Six days

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, ~~July 19th 1878~~ St Peters Cemetery

Date of Burial, July 19 1878

Undertaker, William J Gray *Address* 51 N Calvert St

Place of Business, 65 Fremont

C. C. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Donnelly

~~Sex,~~ ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 255 Forest St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral 6 pm.

Date of Burial, July 19th 1878

Undertaker, W. H. Hickman

Place of Business, 234 N Gay St

Silas W. Hunter M.D.
Medical Attendant.

Address 93 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Baker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 194 Sorotya St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Old Age and heat.

Duration of Last Sickness, Been failing for 3 yrs. Confined to bed for 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Country H. P. Morgan *M. D.*

Medical Attendant.

Date of Burial, 20th July 1878

Undertaker, H W Dentzius & Son *Address* 175 Sorotya St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Robertson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 10 *Days*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut st No 98

Cause of Death, First (Primary,) Erroneous dist of spasmic heat

Second (Immediate,) Convulsion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19 1878

Undertaker, William A Dunger

Place of Business, 62 East St

E. L. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th - 1878-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rauch

~~Male~~, *Female,* {cross out the word not required in this line.} ~~Male~~ Female

Age, 66 *Years,* 11 *Months,* 24 *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} No 52 Ann St

Cause of Death, First, (Primary,) Paralysis (from

Second, (Immediate,) (Rheumatism)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1878

Undertaker, H Eury Sauders

Place of Business, No 252 Eastern Avenue

Thomas P Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Christian Michael

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~ 13 ~ *Years,* ~ *Months,* ~ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 279 Pleasant St

Cause of Death, First, (Primary,) Osteo-Cephaloma

Second, (Immediate,) cancer

Duration of last Sickness, ~ 10 Months ~

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

Thomas B. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Axil Anton Rasmussen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ 8 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 318 Alice Anna St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of ~~Last~~ Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, July 21

O. J. Way M. D.
Medical Attendant.

Undertaker, Frochlich

Place of Business, 246 Eastern Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Reverse.

Board of Health, City of Baltimore.

Permit No. 26320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kearney

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, Wh

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 135 S. Regester

Cause of Death, First (Primary,) Typhoid Abdominalis

Second (Immediate,) Paralysis

Duration of Last Sickness, 10 da

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20th 1878

Undertaker, Henry K. Mears

Place of Business, 45 N Gay St

J Heath M.D.
Medical Attendant.

Address, 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Wright

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Three *Months,* Twenty One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 259 Jefferson St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1878

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

Wm. H. Hindman M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 2 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. L. Mayers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Hessen Nassau

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 9 Clay

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Comatose

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 20

John A. Tilden M. D.
Medical Attendant.

Undertaker, H. Bateman

Place of Business, 45 Clay

Address, 9 Mont Evelyn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 20 1878

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Voegeline

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Little Mc Elderry

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,) One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, July 21st 1878

Undertaker, Henry Storck

Place of Business, 309 N. Eutaw St *Address*

S. T. Coyner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Koon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, formerly tailor Has Retired over a Bank

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and number} 260 Aisquith St.

Cause of Death {First, (Primary,) Conjestion of Brain fr Effusion & Hemorrhage

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, July 21 1878

Undertaker, Henry Hoed

Place of Business, 309 N. Central Av

John F. Monnemonier M. D.
Medical Attendant.

Address, 5 N. Calvert & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kasals

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, eight years.

Place of Death, {Give street and number} 46 Bond St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Liviasis. Psoriasis

Duration of last Sickness, three hours.

All the above information should be furnished by the Physician.

Place of Burial, St Ursh Cemetery

Date of Burial, July 20, 1878

Undertaker, Henry Stouter

Place of Business, 309 Central Ave

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Kerns

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 10. St Peter st

Cause of Death, { First (Primary,) Meningitis / Second (Immediate,) Spasm

Duration of Last Sickness, 3d Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, July 21st

Undertaker, B. Hark.

Place of Business, 411 Light St.

C. L. Budenbohn M.D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Gaines

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 Years, ... Months, ... Days.

Color, Wh —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 28 Bevan

Cause of Death { First, (Primary,) ... Second, (Immediate,) Diphtheria. two weeks.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Ames.

Date of Burial, July 21

{ Undertaker, H Brien
{ Place of Business, Henriatta St 81

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Shorp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26528,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Armstrong

Sex, Male or Female, { cross out the word not required in this line. }

Age, about 40 *Years,* *Months,* *Days.*

Color, col^d

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Rockbridge Co Va

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 253 Hamburg St

Cause of Death { First, (Primary,) Cancerous Pneumonia
Second, (Immediate,) about 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 21 th

Undertaker, Hercules Ross

Place of Business, 954 Conway St

L Steiner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

Date of Death, July 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie ~~Haynes~~ Clark

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, whit

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Holand Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number} No 329 S Bond St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, July 20 1878

Undertaker, Wm C Wachman

Place of Business, 191 S Bond St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th A. M. 1878 July 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Steffee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 117 E. Pratt Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Eclampsia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st July

James E Donnelly M. D.
Medical Attendant.

Undertaker, S Stehli

Place of Business, 114 E Pratt

Address, 299 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City.

Permit No. 26581

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 20 1878 BALTIMORE

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bastian Dulzy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Weaver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Camp. Prussia

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} No 17 S. Bond ok

Cause of Death, First (Primary,) /

Second (Immediate,) Sunstroke

Duration of Last Sickness, 3 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, July 20

Undertaker, W. Tisdel

Place of Business, S. Bond st. 151

M. D.

Medical Attendant.

Address, 235 S. Eagle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnis within forty-eight hours after the death to the Undertaker or oth r persons supintending the burial, a Certificate setting fort as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person decease and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

The Special Attention of Physicians is Respectfully Invited to the Accompanying Circular.

Board of Health, City of Baltimore,

Permit No. 26532, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL. 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Sullivan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Pierce & Fremont -

Cause of Death, {First (Primary.) Cancer & Uterus. Second (Immediate.) Debility & Dropsy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, July 21 1878

Undertaker, Peter Kummert

Place of Business, 317 Broadway

C. F. Brown M.D.
Medical Attendant.

Address Balto. Gnl Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

Permit No. 26533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Cole

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Blk

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~ ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ballo

Duration of Residence in the City of Baltimore, Emp

Place of Death, {Give street and number.} 75 Arch

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) ——

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1878

Undertaker, Abraham Wayman

Place of Business, 20 Lombard st

J. M. Eastman M. D.

Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 2653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Gaugh

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} ~~Male~~ or Female

Age, Years, 10 Months, 15 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 10 months & 15 days

Place of Death, {Give street and number.} 42 Jersey St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, July 20th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av,

E. C. Jones M.D.
Medical Attendant.

Address, 151 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 20 1878 BALTIMORE MD.

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Lee

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, Col'd

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Haiti

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 S. Dallas

Cause of Death, First (Primary,) Eclampsia 12 hours

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetary

Date of Burial, 21st July 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

J. Hutchen M.D.
Medical Attendant.

Address, 245 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26536 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

Date of Death, July 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 150 Franklin St.

Cause of Death, {First (Primary,) Second (Immediate,)} Concestion of the Brain - Superinduced by heat.

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, July 21/878

{Undertaker, Geo Schilling

Place of Business, Cor Aisquith & Monument St}

D. G. Kelly M. D.
Medical Attendant.

Address 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Penbrook

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* 5 *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, { Give street and number } 53 N Amity St

Cause of Death, { First, (Primary.) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20

Undertaker, C. R. Charles Mc

Place of Business, 35 Gran Bary

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 26538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

Date of Death, July 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S. Sloan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ice driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Bayer st

Cause of Death, First (Primary,) Hypertrophy of heart

Second (Immediate,) Congestion Brain superinduced by heat

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, July 21st 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Wm R. Hill M. D.
Medical Attendant.

Address 31 N. Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26539.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Leonard

Sex, Male or Female, {Cross out the words not required in this line.} ~~Female~~

Age, ~~—~~ *Years,* 11 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 203 Pine

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ~~Convulsions~~

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 21

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

Edw F. Nicholson M. D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Meehan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Dentitions

Second, (Immediate,) meningitis

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, July 21st 1878

Undertaker, Geo. C. Jackson

Place of Business, 121 Pentz bldg

Anthony Brewer M. D.
Medical Attendant.

Address, 68 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 26541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm F Taneyhill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Eleven Months, Thirteen Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} W. Lombard St 587

Cause of Death, First (Primary,)

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 21

Undertaker, J B Cook

Place of Business, 707 W Lexington Baltimore

E J P Evans M. D.
Medical Attendant.

Address 1812 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 26542 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cornish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~Ho~~ City Hospital

Cause of Death, {First (Primary,) Incised Wound
Second (Immediate,) Traumatic Delirium

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto C. Public Cemetery

Date of Burial, July 20 1878

Undertaker, Pat Mullin

Place of Business, 67 Cambridge St

Wm Lombel M.D. City Hospital

Address Edmund R Walker M.D. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hazelton

HEALTH DEPARTMENT JUL 20 1898 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Steveder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 419 Lewis St

Cause of Death, First, (Primary,) Chronic Dysentiea

Second, (Immediate,)

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1898

H. L. Russell M. D.
Medical Attendant.

Undertaker, Wm A Dungle

Place of Business, No 62 East St *Address,* Broadway & Madeira Wf

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 265744 / OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

Date of Death, July 20th 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret [illegible]

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 85 N Wolf st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemy

Date of Burial, July 21 1878

Undertaker, Fdy & Bro

Place of Business, Broadway

J Ridgway Pudr M.D.
Medical Attendant.

Address, No 122 E Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. Also to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 26545

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelina Kolb

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 8 *Months,* ____ 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Pa.

Duration of Residence in the City of Baltimore, 8 mos 4 days

Place of Death, {Give street and number} 368 E. Pratt St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 22th 1878

Undertaker, Adam Koehler

Place of Business, Sharpe corner *Address,* 108 E. Pratt St.

DR. J. H. SMITH. JUL 20 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 the 7 p m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharin C Weeg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 48 Years, 6 Months, 4 Days.

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two Years

Place of Death, {Give street and number} 122 Columbia Av

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Hamorraga

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, July 22

Undertaker, Joseph B Cook

Place of Business, 70 West Baltimore St

John J. Fitzer M. D.
Medical Attendant.

Address, 81 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Quinn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Tipperary Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number} 47 Stockton Alley

Cause of Death, First, (Primary,) Overcome by Heat

Second, (Immediate,)

Duration of last Sickness, None at all Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 22

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt St

Saml Entwisle M. D.
Medical Attendant.

Address, 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas McCann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hours *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 41 Republican "

Duration of Residence in the City of Baltimore, 2 Hours

Place of Death, {Give street and number.} 41 Republican "

Cause of Death, {First (Primary,) ..... Second (Immediate,) Unknown

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 21 st 1878

Undertaker, Jo H Cook

Place of Business, No 707 W Baltimore street

J H Williams M. D.
Medical Attendant.

Address 27 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1898

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albertie F. Saunders

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 86 Dover St

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } No 266 South Sharp St

Cause of Death, First (Primary,) Chol Infantum

Second (Immediate,) ...

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 98

Undertaker, Heiselman Ross

Place of Business, No 96 Conway St

J T Shutt M. D.
Medical Attendant.

Address 266 South Eutaw St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Sinclair Jr

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} S.W. Cor. Falls Av. & Pratt St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 mnths.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22nd 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

I. N. Hoeck M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dugan

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto: City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 83 Albemarle

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 21 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

P. L. Purnell M.D.
Medical Attendant.

Address, 7 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 26552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 35 ~~rear~~ Raborg St

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery S T Knight

Date of Burial, July 22 1878

Undertaker, S W. Chase

Place of Business, 8 Howard St

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Young aretha

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 5 d *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 21 Mains St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Morris St

Cause of Death, {First (Primary,) Convul Fits

Second (immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Lorraine Cemetery

Date of Burial, July 22. 78

Undertaker, S W Chase

Place of Business, 8 Howard St

Mck Haines *M. D.*
Medical Attendant.

Address 708 Penn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26537

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 6 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 347 Orchard St

Cause of Death, First (Primary,) Cerebral Inflammation

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, July 22. 1879

Undertaker, S. W. Leman

Place of Business, 8 Howard

H. F. Hill M. D.
Medical Attendant.

Address 203 S. Frederick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26555.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dabrasky

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Finisher of Iron work.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland. 30 years.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} Appleton St. between Fayette & Retreat,

Cause of Death First, (Primary,) Effects of heat,

Second, (Immediate,)

Duration of last Sickness, Sudden death, an hour.

All the above information should be furnished by the Physician.

Place of Burial, Western County

Date of Burial, July 22 Th

Geo G Upton, M. D.
Medical Attendant.

Undertaker, J. P. Pauley

Place of Business, 66 Fredrick *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A [illegible] OR CE[illegible]

CERTIFICATE OF DEATH.

Date of Death, July 20 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane F. James Wilson

Sex, Male or Female, { cross out the word not required in this line. } Parent

Age, [illegible] *Years,* [illegible] *Months,* 14 Years Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 66 Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemet

Date of Burial, July 21 1878

James A Steuart M. D.

Medical Examiner

Undertaker, Geo G. Jones

Place of Business, 162 Dallas St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr. J. F. McShane

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahala Jones

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 4 Years, 10 Months, 16 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Easton Penn, Md.

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number.} 218 Cooks Ct. — Locust Point

Cause of Death, First (Primary,) Enterocolitis

Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, July 20th 1878

Undertaker, L. D. Gourdet

Place of Business, Barre St.

J. B. White M.D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26558 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Wright

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, ~~Domestic Servant~~ White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 158 W. Biddle St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, Longer than a year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 22nd 1878

Undertaker, John J Andrews

Place of Business, No 46 Druid Hill Ave

Dr E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gardner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ___ *Years,* ___ *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, ___

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 85 N Wolf

Duration of Residence in the City of Baltimore, ___

Place of Death, {Give street and number.} No 85 N Wolf

Cause of Death, {First (Primary.) ___ Second (Immediate,) Spasms & Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 22d 1878

Undertaker, Frey & Bro.

Place of Business, Broadway & Fayette

J. Ridgway Ayd M.D.
Medical Attendant.

Address, No 121 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible] 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelyn Warner Coy

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* Eleven *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1405 E. Lanvale St.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22th July 1878

Undertaker, Adam Fiske

Place of Business, 461 North Gay St

A. Graham *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21671

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Busch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 29 Harrison St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 22d 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av,

E. Dix Wilson M. D.
Medical Attendant.

Address 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26862,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Otter

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 203 Light St

Cause of Death, {First, (Primary,) — Second, (Immediate,) Chlorea Infantum

Duration of last Sickness, 18 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet'y

Date of Burial, July 22 d 1878

Undertaker, H Boyle

Place of Business, Hanover St 81

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Parker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Rundell Co.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No. 52 Bruce Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas. H. Neff M. D.

Date of Burial, July 22th 1878 Medical Attendant.

Undertaker, Wm. N. Dungo *Address* 306 N. Fayette Street

Place of Business, No 10 Stockton Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26564

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brookie Stover

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Mc Henry St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum 1 /

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 22 1878

Undertaker, Jos. B. Cost

Place of Business, 70 / 72 Balt. St.

E. M. Reid M. D.
Medical Attendant.

Address 243 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Butler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* — *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 115 German

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22nd July 1878

Undertaker, H. H. Jenkins Son

Place of Business, 16 Light st.

Edwd F. McHolland M.D.
Medical Attendant.

Address, 279 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Faul

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 10 *Years,* 8 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 180 E Balto St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, July 22nd 78

Undertaker, Lane & Bro

Place of Business, 62 W Balto St

L Mc Mur M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freeman Heitzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 191 Pearce St

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 191 Pearce St

Cause of Death, {First (Primary,) Hamhea

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery H. N. Smith M. D.

Date of Burial, July 22/1878 Medical Attendant.

{*Undertaker,* Peter Frey *Address* 11 South Arlington ave

{*Place of Business,* 91 Edwin Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Geetus

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 606 Pennsylvania Ave

Cause of Death, {First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22 1878

G. H. Innis M. D.
Medical Attendant.

Undertaker, Walter Lemmel

Place of Business, 506 Pennsylvania Ave *Address,* Corner Lee & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gertrude Frederick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Years, one Months, four Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} 369½ Druid Hill Ave

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) "

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Hamden Balto Co

Date of Burial, July 22

Undertaker, H W Blizzard

Place of Business, 201 Penn Ave

D H Christian M. D.
Medical Attendant.

Address, 431 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26570 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Logan Hathaway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 27 Clemens Sheet: Locust Point

Cause of Death, First (Primary,) Hydrocephalis (Born with Large Head)

Second (Immediate,) do

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23 1878

E. W. Janney M.D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, # 263 Light St. *Address* Baton & Patapsco Rds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other p... ing the ... tween ... hours ... sooner, if requested so to do, un... M.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 S. Madeira Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 22nd 1878 James H. Steuart M. D.

Medical Attendant.

Undertaker, Wm. Diffley

Place of Business, S. Bond St. *Address,* Comm. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. L. F. McShane

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26572

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21th, July 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Hoffich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, cottonmarker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mainz Germany

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} 72 Milliman St.

Cause of Death, First (Primary,) Tuberculosis abdominalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23rd 1878

H. R. V. Irmer ~~M. D.~~
Medical Attendant.

Undertaker, Mr. Frey.

Place of Business, E. Avenue. *Address* 176 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 26573,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Murphy

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 189 Conway St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Malignant

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 22d 1878

Undertaker, Wm Skuches

Place of Business, 150 Camden St

Penbroke McMurtrie, M.D.
Medical Attendant.

Address, 213 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith R. Kirby / Ed. Riley Kirby / " " "

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Eighteen *Years,* nine *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 342 E. Monument St

Cause of Death, First (Primary,) Hereditary

Second (Immediate,) consumption

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23rd

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

Milton et Taylor M.D.
Medical Attendant.

Address, Broadway & Mc Elderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 26575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* 10 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 Stirling St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 22nd 1878

D Webster Cathell M. D.
Medical Attendant.

Undertaker, Theodore [illegible]

Place of Business, 516 Jefferson st *Address,* 211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DILLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

Permit No. 26576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Nayler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 136 N. Caroline St.

Cause of Death, {First, (Primary.) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, July 22 "1878

Undertaker, Geo D. Locks

Place of Business, 56 Jefferson St

Wilmer Brinton M. D.
for Wallenberg
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26577

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Murphy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ~~Six~~ *Months,* Sixteen *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 340 W. Pratt St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22d 1878

Undertaker, Wm Wachter

Place of Business, No 150 Camden

D. E. Lucy H. Barclay *M. D.*
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bartal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Havre de Grace. Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number} 44 Gough St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Anemia

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace Md

Date of Burial, July 22 1878

D. M. Cathell M. D.
Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, 61 E. Baltimore St

Address, 21 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Steinbach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 192 Ramsey St

Cause of Death, First, (Primary,) Cerebral Fever

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 22 - 1878 Theodore Cook M. D.

Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26580

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878 — 6. a. m —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Meyers —

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* 8 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 11 Fallo Road

Cause of Death, {First (Primary,) Osteo-Sarcoma afface & head — Second (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 22

Undertaker, Henry Borgmann

Place of Business, 45 Clay Str *Address*

J. A. White *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Cowman

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 25 S. Register St

Cause of Death First, (Primary,) Inflammation of the Stomach

Second, (Immediate,) Perforation — Peritonitis

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Grace Cemetery

Date of Burial, July 23rd

Undertaker, Albert Koehler

Place of Business, 244 East Pratt *Address,* Balt. & Bach. Rds.

G. G. Kusk *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

Permit No. 26582

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 ot

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry James

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* Seventeen *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 253 Little Hughes St. Near Hanover

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, July 22 " 1878

Undertaker, L. LeGourde

Place of Business, 197 Barre St

Julius Dale M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26588,

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leander a Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 215 N Bond St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Paralysis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cy

Date of Burial, 23rd July

C Winslow M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Address 29 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willy Conrad George Mentzel

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Gold Lake

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 15 S Ann

Cause of Death, First, (Primary.) Cerebral Infantum

Second, (Immediate,) Eclampsia

Duration of last Sickness, Two weeks saw it once

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 23th July 1878

Undertaker, Wm. Nicolkis

Place of Business, 258 Alice Ann

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Fischer

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 25 *Years,* — *Months,* 20 — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, {Give street and number.} 167 Mulberry St

Cause of Death, First (Primary,) Tuberculosis of the lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 July

Undertaker, J Schultheis

Place of Business, Mulberry St 156½

A F Reinhardt M.D.
Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Gladys Yeisley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Ninetyone *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 157 Eastern Ave

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) —

Duration of Last Sickness, 3 Years Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Jno D Blake *M. D.*
Medical Attendant.

Date of Burial, July 22 1878

Undertaker, John L Andrews *Address* 46 South St

Place of Business, 46 Dillwyn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Rice

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, about 25 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Coal

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } Back near Hughes st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Unknown

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, July 21st 1878

Undertaker, L. L. Gourdel

Place of Business, Pearre St

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Wheeler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 92 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 30 Milliman St

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) 3 days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 23rd 1878

Undertaker, W. H. Stuchman

Place of Business, 234 W Gay St *Address,* 13 Orleans St

L. L. Gu... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number.} 471 N. Amity

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 23th 1878

Undertaker, Wm. H. Stuchman

Place of Business, 237 W. Gay St

J. H. Patton M. D.
Medical Attendant.

Address ....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. C. Davis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 275 n. Ann St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks bemetery

Date of Burial, July 22nd 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Dandridge M. D.
Medical Attendant.

Address, 1170 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 6591 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Foulk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty Two years

Place of Death, {Give street and number.} 348 Myrtle Avenue

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Wednesday 24th 7/78

{*Undertaker,* I. I. Andrews

{*Place of Business,* Druid Hill Ave

Thomas Shipley, M. D.
Medical Attendant.

Address 70 Courtland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Montgomery

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, one Month

Place of Death, {Give street and number} 69 N. Caldwell St

Cause of Death, {First, (Primary.) Second, (Immediate,)} Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 23 1878

James A. Steuart M. D.
Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, N. Gay St

Address, Comm. of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John H Coulter [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 " 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant - Geo Z Leonard & Rachel Leonard

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 hour - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 48 S Gilmore st

Cause of Death {First, (Primary,) ..... Second, (Immediate,)} Premature birth

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Pemberton No 2

Date of Burial, July 22 1878

Undertaker, John Thacher

Place of Business, No 150 Candler

S H Causey M. D.
Medical Attendant.

Address, 76 Lloyd st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1/34

Permit No. 26594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Holland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} No. 2 Parrish alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Lramition.

Duration of Last Sickness, Three weeks.

All the above Information should be furnished by the Physician.

Place of Burial, N. Pub Cemet

Date of Burial, July 22 1878

Marcus D. Hume M. D.
Medical Attendant.

Undertaker, L. LeGourde

Place of Business, 197 Barre St

Address 288 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Evans

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 68 *Years,* — *Months,* — *Days.*

Color, W *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, { Give street and number. } Aged Womens Home

Cause of Death, { First (Primary,) Paralysis / Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 23 July 1878

{ *Undertaker,* Wm. Johnson & Son / *Place of Business,* 16 Light St }

Geo H Cooke M. D.
Medical Attendant.

Address 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Muth

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower.*~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} Bell Air Avenue

Cause of Death, First (Primary,) Congestive Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 24th

Undertaker, Geo Schilling

Place of Business,

J. D. Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Sicil.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty Three *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Steamship Co.

Duration of Residence in the City of Baltimore, 25 yrs —

Place of Death, {Give street and number.} 107 South Bechee St

Cause of Death, First (Primary) Heart disease

Second (Immediate,) 20 Minutes.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1878

Undertaker, Hughes & Co

Place of Business, Broadway

A. C. Leland M.D.
Medical Attendant.

Address, Coroner E. S.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julie Lehrer.

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 161. Corner of Register and Jefferson st.

Cause of Death, First (Primary,) Dentitio.

Second (Immediate,) Spasms.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23rd

Undertaker, Geo. Schilling

Place of Business,

Rob. Lecher M. D.
Medical Attendant.

Address 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26599.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dilslager

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Shakespear St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemy

Date of Burial, July 23 1878

Undertaker, Pat Mullin

Place of Business, Cambridge

James A Steuart M. D.
~~Medical Examiner~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E Taylor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Virginia Magner.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Desmond st.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 23 1878

J. G. Wilkins M. D.
Medical Attendant.

Undertaker, Peter Fummert

Place of Business, 317 Broadway Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Kaufman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 407 Light St.

Cause of Death, { First, (Primary,) Infantile / Second, (Immediate,) Marasmus

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, July 24

Undertaker, B. Hagle

Place of Business, 411 Louis St.

DR. J. H. SMITH. JUL 23 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Address, 407 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Spencer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 5 mo *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Constant

Place of Death, {Give street and number.} 48 Peach alley

Cause of Death, {First (Primary,) Tabes Mesenterica

Second (Immediate,) Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 1878

{*Undertaker,* S. W. Chase

Place of Business, 8 Hanover st

L. L. Dyer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 ond 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Rebein

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 29 *Years,* 7 *Months,* 11 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 29 . 7 . 10 .

Place of Death, { Give street and number } Residence 21 Jams al Spring Gardens

Cause of Death, { First, (Primary,) Drowned

Second, (Immediate,) Shot

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lane Bry.

Date of Burial, July 24 78

Undertaker, B. Hoke

Place of Business, 411 Light St.

R. C. Lee M. D.
Medical Attendant.
Coroner 3 D.

Address, Harmon & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

When out side of the City limits, I will so state.

...ns Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Missouri Thomas

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Fessier St

Cause of Death, First, (Primary.) Cold

Second, (Immediate,) Convulsions

Duration of last Sickness, all is Life with Cold

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem

Date of Burial, July 23 1878 James A Steuart M. D.

Undertaker, L. LeGourdo

Place of Business, 197 Barre St *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by L. Garnett [CORONER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Catherine Sauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, N.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 243 Dallas St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 N. Dallas

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, July 24, 1878

Undertaker, Henry Roth

Place of Business, 36 y Central Ave

G. Liebmann M. D.
Medical Attendant.

Address 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 18 Dawson alley

Cause of Death {First, (Primary,) Scrofula

{Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 23/78

Undertaker, Jacob Davis

Place of Business, 103 Lee St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

... this Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Peifer

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 539 Light

Cause of Death, First, (Primary,) —

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, July 24th 1898

Undertaker, Julius Kohler

Place of Business, Cor Hanover & Cross

By Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

Date of Death, July 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 30 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single ?

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and number.} 372½ Hollins St Baltimore

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 24 '78

Undertaker, Blacklock & Son

Place of Business, 372 Hollins St

R. R. Boone M. D.
Medical Attendant.

Address Catonsville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26609.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cooper

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} No 158 S. Durham St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Pulmonalis

Duration of last Sickness, three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 23rd 1878

Undertaker, Chas Sicks

Place of Business, 516 Jefferson St

Thomas D. Evans M. D.
Medical Attendant.

Address, No 12 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26670

...ISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July City 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Ritchie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty two *Years,* four *Months,* ... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Canonsburg Pennsylvania

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number.} 19 Mc Culloh St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Hypertrophy of the heart

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Havrede Grace

Date of Burial, July 25th 1878

Undertaker, Wm Andrews

Place of Business, No 446 Druid Hill Ave

Dr. J. Clark Slay M. D.
Medical Attendant.

Address 54 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY

Permit No. 2661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Francis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* Five *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 105 Morton Alley

Cause of Death, { First (Primary,) Pulmonary Tuberculosis / Second (Immediate,) Asthenia

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Eugene F. Cordell M. D.

Medical Attendant.

Date of Burial, July 24th 1878

Undertaker, Wm Jones Gray *Address* 125 N. Charles

Place of Business, 65 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Joseph Ryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Nineteen *Years,* four *Months,* Twenty-eight *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 646 Pratt Street

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, Twenty two days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 24 to 1878

Chas M Nuff *M. D.*
Medical Attendant.

Undertaker, Jo B Lord *Address* 306 N. Fayette Street

Place of Business, No 707 W Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Garrigan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 43 Webster alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 23rd 1878

J. B. Boyle M. D.
Medical Attendant.

Undertaker James P Byrne

Place of Business, 63 Hanover *Address* 16 E Fayette

Per J. P. B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis OConnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 ~~0~~ *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 Orleans Street

Cause of Death, First (Primary,) Expectoration of Lung

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 26 1878

J. B. Boyle M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 N Front St *Address* 166 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deliverance W. Sampson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 1 Yr 11 Mos

Place of Death, {Give street and number.} 27 Bartlett

Cause of Death, First (Primary,) Laryngitis Croupous

Second (Immediate,) Asphyxia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga

Chas Cole M. D.
Medical Attendant.

Address 57 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death July 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Wellington

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, Two *Years,* One *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 81 Welcome Al

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 th

Undertaker, Hercules Ross

Place of Business, 25 Conway St

Dudley Chambers M.D.

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Shields

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Colored

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse Childrens Nurse

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Warwick Co Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Mc Donough st 274

Cause of Death, {First (Primary,) Disease Kidneys Bight disease / Second (Immediate,) Dropsy}

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, July 24 1878

Undertaker, W. H. Madden

Place of Business, 335 N. Howard st

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Doubler,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, white,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, Twenty five years,

Place of Death, {Give street and number} 27 S. Frdk. St.

Cause of Death First, (Primary,) Old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 25 1878

Undertaker, John Brown

Place of Business, 1753 Ridgely St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Hark. Sts,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL. 24. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Reibitanz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 12 yrs & 6 mo

Place of Death, {Give street and number} Cor Marshall & McCulloh Sts

Accidentally

Cause of Death { First, (Primary.) Killed

Second, (Immediate,)

Duration of last Sickness, 15 Min.

All the above information should be furnished by the Physician.

Place of Burial, X Raw Bartell

Date of Burial, July 24 1878

Undertaker, X Balto Cemetery

Place of Business, —

N. G. T. M. D.
Medical Attendant.

Coroner.

Address, Hanover Bet ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Susan Watkins

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Child a 6 or 7 month abortion
No medical attendance at birth
Seen once on day of birth- have no authority to issue birth certificate
C.S.

Place of Death, {Give street and number.} No 21 Little Walsh St

Cause of Death, First (Primary,) Non viability (premature birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery *Chas E Gatter* M. D.

Date of Burial, July 24th 1878 Medical Attendant.

Undertaker, Joseph Watkins *Address* 649 Penna Ave

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Fisher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 33 S. Caroline St

Cause of Death, First, (Primary.) Dysentery & Convulsions

Second, (Immediate,) Meningitis

Duration of last Sickness, 3 days

DR. J. H. SMITH JUL 23 1878 BALTIMORE, MD.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, July 24

Undertaker, Fred. Gaede

Place of Business, No. 29 S. Caroline, *Address,* 129 S. Caroline St.

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Passagno

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 38 Eastern Av.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) .....

Duration of Last Sickness, abt 2 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cem.

Date of Burial, July 24

Undertaker, W. J. Tippel

Place of Business, S. Bond st. 157

Geo. L. Kinnemon M. D.
Medical Attendant.

Address 736 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Hulse

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 6 wks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 5th Young St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5th Young St.

Cause of Death, {First (Primary,) Pertussis

Second (Immediate,) Catarrh

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 24th 1878

Undertaker, Jas. P. Byrne

Place of Business, Front St.

Geo. H. Grayson M.D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Keith

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, nine months.

Place of Death, {Give street and number} Gay St. extended Corner of Schutzen Pk

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Meningitis.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 24th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Aug. H. Ericke M. D.
Medical Attendant.

Address, 94 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26620 #26625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Herman Freye

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* 2 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Financier

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover (Germany)

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 180 S. Fremont St

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25 th

Undertaker, F. H. Trill

Place of Business, 137 Hanover St

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wy. Geo. Zimmerman

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 9 *Months,* ... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 180 N. Bethel st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews.

Date of Burial, July 25th

Undertaker, Jacob Bucher

Place of Business, 224 Canton av.

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26627

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Found July 23rd floating in Frederick Dock

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Drowning (Coroner's Jury Verdict)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 23

Undertaker, Patrick Mullin

Place of Business,

Dr. R. Walker M. D.
Medical Attendant.

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank D. Luckett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* Eleven *Months,* Nineteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 353 North Gilmor St.

Cause of Death, First (Primary,) Congenital

Second (Immediate,) Pulmonary consumption

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery / Silas Baldwin M. D.

Date of Burial, July 24th 1878 Medical Attendant.

Undertaker, Knights & Co

Place of Business, 55 & 57 Fayette St Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 24 BALTIMORE

Permit No. 26629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hillman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* 26 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Oberweimar Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 677 W Pratt St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, 7 Years

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Co Md

Date of Burial, July 26 1886 E. Sml Endorbus M. D.

Medical Attendant.

Undertaker, P. Hummert

Place of Business, Muller St *Address,* 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ryan.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 648 W Pratt St

Cause of Death, First (Primary,) Dipthiria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 24th 1878

Undertaker, M B Cook

Place of Business, No 707 W Baltimore Street

W C Requier M.D.
Medical Attendant.

Address 1 W Co Fayette Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26631 #26631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *after being filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lyetson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 1 *Months,* 11 *Days.*

Color, white

Married, ~~Single,~~ ~~Widow~~ or ~~Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicott city. Md

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Calhoun & Balt sts

Cause of Death, First (Primary,) Consumption 4 Yrs

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, July 25th 1878

Undertaker, I. T. B. Cook

Place of Business, 707 W. Balto St

J. W. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26632

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Tabbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover. Va.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} No. 4 Welsh al

Cause of Death, First (Primary,) Consumption of Lungs.

Second (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 24th 1878

Undertaker, W. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

Albert Stephens M. D.
Medical Attendant.

Address 427 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26633,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Dietrich

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (29 yrs in America

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Cancerous Stricture of Oesophagus

Second (Immediate,) Exhaustion from Starvation

Duration of Last Sickness, about 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 24th

Undertaker, Henry Brill

Place of Business, Henrietta 87 81

Oscar Hamilton M.D.
Medical Attendant.

Address, 458 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Lee Gordy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Basin

Cause of Death, {First, (Primary,) Accidental

{Second, (Immediate,) Drowning

Duration of last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Pittsville Wicomico Co

Date of Burial, July 25th 1878

Undertaker, Armstrong-Denny

Place of Business, 263 Light St

Ned Lee M. D.
Medical Attendant.

Address, Washington Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit 1137

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boston

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 Oxford St

Cause of Death, {First, (Primary,)} Mal Nutrition

{Second, (Immediate,)} Chol Infantum

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St Cem

Date of Burial, July 25th 1878

Undertaker, S. H. Chase

Place of Business, S. Howard St

James A Steuart M. D.
Medical Attendant

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Vansant

[OVER.]

Permit No. 26636

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 11 eleven *Months,* ..... *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Forest st No 3

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, July 24

Undertaker, Charles Mitt

Place of Business, 35 Gentry St

E. C. Baldwin M.D.

Medical Attendant.

Address. 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certidcate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 TH 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Waitto

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 5 y 5 m

Place of Death, { Give street and number } 8 Rock St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ Westminster

Date of Burial, July 25

Undertaker, H. C. Bough

Place of Business, 319½ Lemmon Ave

Saml Cutterline M. D.
Medical Attendant.

Address, 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 26638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Bruce

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 221 Vine St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 221 Vine St.

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Shay St.

Date of Burial, July 20th 1878

Undertaker, L. W. Brace

Place of Business, 198 E. Howard

J. Dimmitt Norris M. D.
Medical Attendant.

Address, Cor. Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gandy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 16 years 3 mos

Place of Death, {Give street and number} No 701 W. Lombard St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, July 25th 1878

Undertaker, Chas. A. Boulden

Place of Business, No 518½ W. Balto

A. L. Shaw M. D.
Medical Attendant.

Address, 379 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL

Permit No. 26,240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gross

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 1 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Salt Lake

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 1 N. Washington ave

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, July 25th

Undertaker, A. Koehler

Place of Business, 244 E. Lombard st.

C. H. Ries M.D.
Medical Attendant.

Address, 1 N. Washington ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26641,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dashiell.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 371 Fogle Alley

Cause of Death, {First (Primary,)} Cerebral Congestion.

{Second (Immediate,)}

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Lauren Burke

Date of Burial, July 25th 1878

Undertaker, Peter Timmes

Place of Business, 317 Mulberry St

Thos. J. Whitridge M.D.
" " Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda & Frank Flügel Parents

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Two *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 205 S. Eutaw St

Cause of Death, {First, (Primary.) Convulsions / Second, (Immediate,) all its Life

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25th 1878

James A Steuart M. D.

Undertaker, H. Brice

Place of Business, 81 Henrietta

Address, Comm'r of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Tarsant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malaley Nicholas

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester County, Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } 172 S. Dallas Street

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetery

Date of Burial, July 26) 78

Undertaker, John M. Lucks

Place of Business, 59 S Mosher st

Address, ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL S

Permit No. 26644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Lee Boyd

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 11 *Years,* 0 *Months,* 28 *Days*

Color, Mulo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} #350 Asquith St.

Cause of Death, First (Primary,) Lympanitis with abscess

Second (Immediate,) Meningitis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 26th 1878

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St.

Geo. A. Hartman M.D.

Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26645.

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Schmidt

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 343 N. Edenst.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)}

Duration of Last Sickness, ab. 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 26 1878

Undertaker, Henry Stoeckl

Place of Business, 284 Central Ave

C Hoffman M.D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 26646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edwards Turner

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, ... *Years,* 1 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 120 Chesapeake St

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) Marasmus

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 26 1878

Undertaker, Pat. Mullin

Place of Business, Lambridge St

J. E. Richards M.D.
Medical Attendant.

Address, 58 O'Donnell St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 26647

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johns

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 1 Yr 4 months

Place of Death, {Give street and number.} 185 East St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, July 25th 1878

Undertaker, Wm. N. Dunzel

Place of Business, No 62 East St

E. C. Jordan M.D.

Medical Attendant.

Address, 151 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Deborah Wagner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 11 *Months,* 17 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frimice County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 197 East Monument St

Cause of Death, {First (Primary.) Old Age / Second (Immediate.) Dissolution of Vital Powers

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 26th 1878

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

E Geo Walls M. D.
Medical Attendant.

Address 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26649

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Pollett

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 16. Alley Lane

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Spasms

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Harp. St Cemetery

Date of Burial, July 25 1878

Undertaker, J. J. Davis

Place of Business, 102 Lee St

C. L. Buddenbohn *M. D.*
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26657

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Howard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and number} Balto. Infirmary

Cause of Death {First, (Primary,) Inflamed Foot

Second, (Immediate,) Asthenia.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetry

Date of Burial, July 24th 1878

Undertaker, L. C. Gourde

Place of Business, Barre St.

E. A. Chevallier M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 26657

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gibson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 71 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Home Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 71 years

Place of Death, {Give street and number} 84 Dover st.

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Exhaustion of Heart

Duration of last Sickness, About Week

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, July 25th 1897

Undertaker, Wm P Gay

Place of Business, 65 Mulberry St

R. G. [illegible] M. D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Dijon

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, One *Years,* Three *Months,* *Days*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lowlo 35

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 25 1878

Undertaker, Wm P Dungee

Place of Business, No 62 East st

E C Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or siugle) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26653.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Franklin

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 21 Douglass.

Cause of Death, {First (Primary,) Trismus or Lock jaw

Second (Immediate,) 2 days

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25

Undertaker, Charles Mills

Place of Business, 35 Ann Caryst

Jos N Wenyon M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26654,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Date of Death, July 25: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* About 1 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, Upon admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 27. 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 58 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Wm. Henry Gorrell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* 15 *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 18 Rien St. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No. 71 Chestnut alley

Cause of Death, { First (Primary,) Infantile Marasmus / Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 mos —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 25

{ *Undertaker,* Matthew Cadogan / *Place of Business,* 230 Mulberry St.

Robt. H. Moffitt M. D.
Medical Attendant.

Address 25 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 mo 24 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand A Felchaur

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 28 E. Fayette St

Cause of Death, First, (Primary.) Disease Heart Metrac Valve

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 25 1878

Wm Riley M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hunt *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory Harrison

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 360 McHenry St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 360 McHenry St.

Cause of Death, First (Primary,) Inflammation of Umbilicus

Second (Immediate,) Tetanus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bellaville Md

Date of Burial, July 26th 78

Undertaker, J. B. Hamilton

Place of Business, 424 Saratoga st

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1878

Date of Death, July 25 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ethelbert Weems

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} male

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 59 L. Madeira Alley

Cause of Death, First (Primary,) Inanition

Second (Immediate,) .....

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 26 " 78

Undertaker, C. C. Franke

Place of Business, 220 Canton Ave

J. G. Dausch M. D.
Medical Attendant.

Address. 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1878

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCullough

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nursery

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 108 McElderry St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Acute Cholera Infantum (Collapse)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 26th 1878

Undertaker, John J. Andrews

Place of Business, No 647 Druid Hill Avenue

J. Ridgway Andrews M.D.
Medical Attendant.

Address, No 121 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura C. Hamelin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 N Exeter st

Cause of Death, {First (Primary,) Acute Hydrocephalus

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1878

Undertaker, Wm H Stickman

Place of Business 234 W Gay St

S F Coyner *M. D.*
Medical Attendant.

Address 134 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Gant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 7 Vine Street

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Four (4) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26th 1878

Undertaker, Wm G Gray

Place of Business, 65 Mulberry St

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26662 #26667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian May Betz

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Cor Pilliam & Lemmon Sts

Cause of Death, {First (Primary,) Laudice — Second (Immediate,) Convulsions

Duration of Last Sickness, Du'el birth

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemy

Date of Burial, July 27 th

{*Undertaker,* Henry Brill
{*Place of Business,* Hennetta St 81

A. M. Dodge M. D.
Medical Attendant.

Address 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 / 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Adolph Schwarzman

Sex, Male or ~~Female~~, { Cross out the words not required in this line. } Male

Age, 1 *Years,* 1 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 6 S Gilmore

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } " "

Duration of Last Sickness, Twelve hours —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 27. 78

Undertaker, Armstrong & Penny

Place of Business, No 203 E Balt St

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26664.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louija Brice

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 5 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut st to 17

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July the 26th 1878

Undertaker, Wm A Dingee

Place of Business, 62 East St

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n. Exeter

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Nagel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 14 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 364 Penna ave

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 27 1878

Undertaker, Peter Kenneck

Place of Business, 317 Mulberry St

H. H. Keller M. D.
Medical Attendant.

Address 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Hess

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 N. Exeter St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 24th 1878

Undertaker, Thos S Hughes *Address* 52. N. Exeter St

Place of Business, 61 E. Balto St 4238 Madison Ave

Fred. Hess M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Jackson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles County Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} 5 Spring Court Avenue

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaws St. Cemetery

Date of Burial, July 27th 1878

James A Steuart M. D.
Medical Attendant

Undertaker, S. H. Chase

Place of Business, S. Howard St. *Address,* County of Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Joseph Fitzpatrick Coron

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth Young

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 12 *Days.*

Color, Colored *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 E. Monument St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Spurious Hydrocephalus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 21st 1878

{*Undertaker,* Wm. H. Bishop Jr.
{*Place of Business,* 97 Druid Hill Ave

Wm. H. Buckler M. D.
Medical Attendant.

Address 128 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Healey

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 53 Newberry alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 26 to 1878

Undertaker, J B Lewis

Place of Business, 1207 W Baltimore street

J Shelton Hill M. D.
Medical Attendant.

432 W Fayette St.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fairbairn Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 174 Arlington Avenue

Cause of Death, First (Primary,) Chronic Rheumatism

Second (Immediate,) Paralysis

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 27/78

Jos. Lloyd Mentin M. D.
Medical Attendant.

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St *Address* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G W. Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months.* *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brattleborough Vermont

Duration of Residence in the City of Baltimore, ~~[illegible]~~ Since 1847

Place of Death, {Give street and number.} N Charles St Cor Pleasant

Cause of Death, First (Primary,) Renal Congestion

Second (Immediate,) Uraemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 26 1878

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St.

Henry T Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 0 *Months,* Three *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 372 Chase St. Balto.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemt.

Date of Burial, July 26th 78

Undertaker, Kaufbach

Place of Business, 42 W Balto St. *Address*

W. Pape. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Cert. No. 20470 #26673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1½ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 33 Orford Lt

Cause of Death, {First (Primary,) Congenital Malformation / Second (Immediate,)}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loma Boa

Date of Burial, July 29 (1878

Undertaker, John C Gordon

Place of Business, 62 Park Ave

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dutton

Sex, Male or Female, {cross out the word not required in this line.} "

Age, 20 *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County Md. 15 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 187 Vine St.

Cause of Death {First, (Primary,) Pulmonary Phthisis. Second, (Immediate,) Hemorrhage 7 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1878

Undertaker, Chas Coulson

Place of Business, 28 Park Ave

J. Dimmitt Norris M. D.
Medical Attendant.

Address, Cor. Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha A. Butler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 204 Hanover St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1878

Undertaker, S. W. Shaw

Place of Business, 5 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. J. Tomlins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240 Vine St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1878

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Howard St *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Williams

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty four *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 11 Stockholm St

Cause of Death, {First (Primary,) Hereditary Phthisis / Second (Immediate,) Atrophy & Haemoptysis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1878

{*Undertaker,* Wm N Dunn / *Place of Business,* No 10 Stockton Alley}

L. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26678.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Earl

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jefferson 36

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Peritonitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Mad St Cem

Date of Burial, July 26 78

Undertaker, Theodore J Pickel

Place of Business, 56 Jefferson St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July the 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Wiggans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 40 Hillen st.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, German's 5th Reformt St. Pauls Cemetary

Date of Burial, 27th July 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ave.

[illegible] M. D.
Medical Attendant.

Address [illegible]

Have not seen the child in my last ten days attendance but was told.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Permit No. 26680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Kelso

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 94 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clonis, Ireland.

Duration of Residence in the City of Baltimore, 87 yrs.

Place of Death, {Give street and number.} 110 E. Balt. St

Cause of Death, First (Primary,) Old Age.

Second (Immediate,)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Undertaker Stewart & Howard

Place of Burial, Greenmount Cy

Date of Burial, 29th July

Place of Business, 36 Park Ave.

H. T. Reynolds M. D.
Medical Attendant.

Address 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26681

REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If so infant not named, give names of parents.} Archer Lee Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Hull St – No 8. Locust Point

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Edgewood Harford Co~~ Balto Cemetery

Date of Burial, July 27 1878

Undertaker, M. Schnitzley

Place of Business, – Eliot St

E. W. Janney M. D.
Medical Attendant.

Address Patuxent & Boston Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

~~Harold Hall~~

[OVER.]

Permit No. 26682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Conclius

Sex, Male or Female, {Cross out the words not required in this line.} ~~Male~~ Female

Age, 66 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 228 Gough St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) —

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 28 1878

Undertaker, Mr Fiery

Place of Business, Cor Fayette & Broadway

Edwd F. McSherry M.D.
Medical Attendant.

Address, 179 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26683 #26683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reich

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 26 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Belle Air Road

Duration of Residence in the City of Baltimore, 2 yrs 7 mos 26 das

Place of Death, {Give street and number.} Belle Air Road

Cause of Death, {First (Primary,) Effusion on the Brain / Second (Immediate,) Infestinal derangement

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

E. Geo Walker *M. D.*
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice M. Ball

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female Alice M. Ball

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 33 Elizabeth Lane

Cause of Death, {First, (Primary.) Second, (Immediate.)} Infantile Insanus

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th

Undertaker, J. Marks

Place of Business, 411 Light St.

Thomas Cotton M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday July 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. McEwen,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} Chas. Co. & Stirling St.

Cause of Death, First (Primary,) "Enteric Colitis" with Head Complication

Second (Immediate,)

Duration of Last Sickness, 4 WEEKS,

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem

Date of Burial, July 27th 1878 Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Chas. T. Scrivener

Place of Business, 271 N Eutaw

Address 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ella Stitcher

Sex, Male or Female, { cross out the word not required in this line. }

Age, 17 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt°

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, { Give street and number } 9 Etting st

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem*

Date of Burial, July 29th 1878

Undertaker, John J. Andrews

Place of Business, 1647 Druid Hill Ave

H. E. Grinslow M. D.
Medical Attendant.

Address, 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore July 26. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie K. Swan.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 270. E. Monument St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera. Infantum.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28th

Undertaker, Geo. Schilling

Place of Business,

Geo. F. Taylor M. D.
Medical Attendant.

Address, No 238. N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mehl

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 78 *Years,* 3 *Months,* — *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} Cor Henrietta & Warner Sts

Cause of Death { First, (Primary,) — Second, (Immediate,) Senile Decay

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 28th 1878

James A Steuart M. D.
~~Medical Attendant.~~

{ *Undertaker,* Phillip Seewald
{ *Place of Business,* 35 S. Eutaw *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

H. E. Smyrk

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schreiber.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, all my life

Place of Death, {Give street and number} 282 E. Lombard St.

Cause of Death, First, (Primary,) Pottysis Pulmonalis —

Second, (Immediate,) do — do —

Duration of last Sickness, Several years —

All the above information should be furnished by the Physician.

Place of Burial, Ger. Protestant

Date of Burial, July 28 & 29

Undertaker, Wm. Frank

Place of Business, 1033 Bank

C. W. Johnson M. D.
Medical Attendant.

Address, 16 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 26690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michal Joseph Sullahay

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~During~~ life

Place of Death, {Give street and number.} 135 Harford Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Banabrae Cemetery

Date of Burial, 28 July 3 Oclock

Undertaker, George C Robinson

Place of Business, 38 Eaton Street

C McLane Tiffany M. D.
Medical Attendant.

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt B. Caswell

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} In the House of Refuge, Calvert St.

Cause of Death, First, (Primary,) [illegible] Fever

Second, (Immediate,) Chronic Diarrhea

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 29th 1878

Undertaker, Smith & Denny

Place of Business, 263 Light St

[illegible] M. D.
Medical Attendant.

Address, Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murry

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, Sixty Nine *Years,* Two *Months,* Six *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Engineer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Connecticut

Duration of Residence in the City of Baltimore, Forty Six years

Place of Death, {Give street and number.} #328 N. Caroline St

Cause of Death, First (Primary,) Heat apoplexy

Second (Immediate,) " " "

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 28th 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

A Hartman M.D.
Medical Attendant.

Address, #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W Agnes Wardle

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 532 Mulberry St

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two or three years

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemet

Date of Burial, July 29

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

W McSequeira M.D.
Medical Attendant.

Address, 1 W Mc Fayette & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Dorsey —

Sex, Male or Female, {cross out the word not required in this line.} Male —

Age, About 75 *Years,* — *Months,* — *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single —

Occupation, none —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co.?

Duration of Residence in the City of Baltimore, 15 years —

Place of Death, {Give street and number} No 69 Russell St —

Cause of Death First, (Primary,) Chronic Bronchitis & Fatty Degeneration of Heart —

Second, (Immediate,) not known - died suddenly —

Duration of last Sickness, several years —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1878

Undertaker, Wm. H. Duncan

Place of Business, East St *Address,*

B. J. Gore — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1878 BALTIMORE

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lewis

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 42 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 342 Central Ave

Cause of Death, First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, July 28th 1878

Undertaker, Murphy & Co

Place of Business, 65 S Broadway

H. J. Knowles *M. D.*

Medical Attendant.

Address, Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Burwick Merwick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 19 S. Paca St.

Cause of Death, First, (Primary,) Marasmus,

Second, (Immediate,) Cerebro Meningitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Somerset Co Md

Date of Burial, July 28 1878

Undertaker, H. A. Darzer

Place of Business, 74 S. Broadway

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Somerset 1141

Board of Health, City of Baltimore,

Permit No. 26697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch D. Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 10 *Years,* ~ *Months,* ~ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 239 E. Fayette Street

Cause of Death, First, (Primary,) Eclectic Fits

Second, (Immediate,)

Duration of last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, New Methodist B. G.

Date of Burial, July 29th 1878

James A. Steuart M. D.
Medical Attendant.

Undertaker, Frey & Bro.

Place of Business, Broadway & Fayette

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. A. Coulter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Margaret Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} 20 N. Schroeder

Cause of Death, First (Primary,) "Pulmonary Consumption"

Second (Immediate,)

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 29th

Undertaker, W. J. Eichner

Place of Business, 65 S. Eutaw st

Samuel J. Knight M. D.
Medical Attendant.

Address 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26699 #26699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th July - 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Voyce

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Elizabeth Lane

Cause of Death, {~~Primary,~~ Lestiay Syphilis

~~Second (Intermediate,)~~

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 28 1878

Undertaker, C. F. Krause

Place of Business 269 Hanover

S. W. Hodge *M. D.*
Medical Attendant.

Address 207 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26700

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Godfrey Kenny

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 179 N. Green St

Cause of Death, {First (Primary,)} {Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 29th 1878

Undertaker, John S Mercer

Place of Business, No 150 Lemmon St

Pembroke Fr. Coale M. D.
Medical Attendant.

Address, 94 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellen Zimmers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Pearl st

Cause of Death, First (Primary,) Congestion of Bowels & Lungs

Second (Immediate,)

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, July 29th 1878

D. P. Hoffman *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 29 1878

CERTIFICATE OF DEATH.

Date of Death, July 27th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 25 35. Durham St.

Cause of Death, {First (Primary,) Internal Convulsions
Second (Immediate,) accompanied by Scarlatina eruptive.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, July 28th

Undertaker, Chas. Sands

Place of Business, 253 Canton Ave

John H. Rehberger M.D.
Medical Attendant.

Address 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Keogh

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 25 years -

Place of Death, {Give street and number} No 264 Chew St -

Cause of Death, First, (Primary.) Tuberculous Consumption

Second, (Immediate.) .....

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cathedral

Date of Burial, July 28 1878

Undertaker, P Fitzmaurice

Place of Business, 311 Baltimore

Wm. L. Purnell M. D.
Medical Attendant.

Address, Broadway Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Joseph Foos

Sex, Male or Female, {Cross out the words not required in this line.} Male)

Age, 9 *Years,* 0 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} #269 E. Monument St.

Cause of Death, First (Primary,) "Scarlatina Maligna"

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days & 17 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 28

Undertaker, J.B. Cook

Place of Business, 707 west Baltimore

Geo. A. Hartman M.D.
Medical Attendant.

Address, # 305 ½ N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Laura V. Neal.

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 34 *Years,* —— *Months,* — *Days*

Color, wht

~~*Married, Single,* Widow or *Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States if of foreign birth.)} —— Virginia

Duration of Residence in the City of Baltimore, —— 12 Years

Place of Death, {Give street and number.} 8 Myrtle ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, July 29th 1878

Undertaker, E. & T. Myers

Place of Business, 30 Pearl St.

G Lane Taneyhill M. D.

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob H. Gunzenmann

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 8 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 140 S. Broadway.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Gangrene.

Duration of last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Bockmans Ground Canton

Date of Burial, July 29th 1878

Aug. H. Esich M. D.
Medical Attendant.

Undertaker, Heughs & Co

Place of Business, 65 S Broadway *Address,* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scheeler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* 3 *Months,* 22 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Sts.

Cause of Death, {First (Primary,) Bright's disease

Second (Immediate,) two ~~days~~ years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent cemetery

Date of Burial, July 29th 1878

Undertaker, A Schneider

Place of Business, Monument

Jno. Brooke Boyle M. D.
Medical Attendant.

Address Nole E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Sluey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shipping Clerk.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 150 Leadenhall St.

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 30th 1878

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, Theiss Koehler

Place of Business, Sharp & Eager *Address,* 150 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

Date of Death, July 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McCollister Farmer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 83 Columbia St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th 1878

Undertaker, John S Mosher

Place of Business, N 150 Camden Address, 76 S Eden St

J H Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 26710 # 26710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 : 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Damon Warner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 83 Columbia St

Cause of Death { First, (Primary,) Scarlet fever

Second, (Immediate,) 24 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th 1878

Undertaker, John S Boucher

Place of Business, No 150 Canton Av

I N Bunney M. D.
Medical Attendant.

Address, 76 Etaca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26711 | #26711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rotunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 73 Stirling St

Cause of Death, First (Primary,) Cholera Infantum 4 days

Second (Immediate,) Inflammation of B. 12 days

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C2

Date of Burial, July 30th 1878

Undertaker, Henry Hack

Place of Business, 309 N. Central Av

Silas N. Hunt M. D.
Medical Attendant.

Address 97 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday July 28th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate V Bennett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germantown Thirteen Years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 165 N Carrollton Ave

Cause of Death, {First (Primary,) Parturition

{Second (Immediate,) Probably Congestion of the brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct.

Date of Burial, July 30 - 1878

{*Undertaker,* Henry Stark

{*Place of Business,* 389 W. Baltimore

Edmunds M.D.

Medical Attendant.

Address 57 N Calvert St

Edmund R Walker MD

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other perso... sooner, if requested so to do, under...

NO PERMIT FO... ...ISSUED WITHOUT A ...

JUL 29 18...

Sat 27th

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs E. Bely

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Havre France

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} 245 Caulon ave

Cause of Death, {First, (Primary,) Cordicae Dropsy

Second, (Immediate,)

Duration of last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 29 '78

Undertaker, H. Sanders

Place of Business, 252 Caulon

Medical Attendant, Jas A Steuart M. D.

Address, Bd of Health Regrs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank J. Tyson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, {First (Primary,) Dysentery
Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. H. Butler M. D.
Medical Attendant.

Date of Burial, July 29th 1878

{*Undertaker,* Wm Weaver *Address* 144 Mulberry St
{*Place of Business,* c/o 202 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

Date of Death, July 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Snider

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 244 Mulberry St

Cause of Death, First, (Primary.) Chronic Gastro. Entritis

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 to 8 Weks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 30 1878

Undertaker, Peter Kenney

Place of Business, 217 [illegible]

W. H. Kemp M. D.
Medical Attendant.

Address, 223 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Lewis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number.} No 58 Pearce st

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, About fifteen minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 1878

{*Undertaker,* Settle & Linder

Place of Business,

Sam'l H. Anderson M. D.
Medical Attendant.

Address Cor Franklin & Pine sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob A. Parau,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 2 Months, 8 Days.

Color, Negro — *Sex,* Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City —

Duration of Residence in the City of Baltimore, During Life —

Place of Death, {Give street and number.} 221 Eastwatt Alley (Rear Lombard)

Cause of Death, {First (Primary,) Worms (Acute Convulsions,} {Second (Immediate,) Convulsions,

Duration of Last Sickness, 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 29. 1878

Undertaker, Jas. P. Jordan

Place of Business, No. 63. Pearl St.

J. L. Ingle M. D.
Medical Attendant.

Address 217 Lawalest —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26718 #26718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A C Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charles Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 289 Stricker c Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 6 Mo 2 days

All the above information should be furnished by the Physician.

Place of Burial, Charles Co Md

Date of Burial, July 30 th

Undertaker, H. C. Middefield

Place of Business, 90 Greenmount av

[illegible] M. D.
Medical Attendant.

Address 23 Fountain c

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial 1142

[over.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lopez

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* 1 *Months,* ____ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Massachusett

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 13 Hulls Court

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, July 29 1878

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, 63 Park Ave.

D. Webster Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

Date of Death, July 28 Th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Elizabeth Dreteby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* one *Days.* 16

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 113 Wolf St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 113 Wolf St

Cause of Death, {First (Primary,) ... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Cemetery Druid Hill Park

Date of Burial, July 29/78

Thos. F. Dorsey M. D.
Medical Attendant.

{*Undertaker,* Frederick Waltjen *Address* 164 Saratoga St
{*Place of Business,* No north Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Ernestine Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* Ten *Months,* Ten *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 451 Mount St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Prostration

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 29th 1878

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

J. M. Johnson M. D.
Medical Attendant.

Address 379 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kelly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, Black Sex, Female

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119 S Bethel St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 29th

Undertaker, Hooper & Sons

Place of Business, 26 Hopkins

E J Way M. D.
Medical Attendant.

Address 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26723,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnie Young

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} East St. near Belair Mkt. Lot

Cause of Death, First (Primary,) Typhoid Dysentery

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Henry Evergreen

Date of Burial, July 29th 1878

Undertaker, Hooper & Estes

Place of Business, 50 Hanover

G. H. Grayson M.D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Wathene.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 18 *Years,* 5 *Months,* 5 *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 18 yr. 5 m.

Place of Death, {Give street and number.} 65 John st.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

W. E. Mosley M. D.
Medical Attendant.

Address 136 N. Bridell St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 101 Hill St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Acute Phthisis Pulmonalis

Duration of last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 1878

Undertaker, S M Chase

Place of Business, No 135 Bowers Ave

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Contrast

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} CB 6 Jefferson alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July the 29th 1878

Undertaker, Wm A Dungee

Place of Business, 62 East st *Address,* 159 Orleans st

J. L. Yeats M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 2677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Banks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* — *Months,* One *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 Mason Alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Cerebral Infantum

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1878

James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, W. H. Duncan

Place of Business, East St

Address, Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Coulter

[OVER.]

Permit No. 26728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

Date of Death, July 25 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Dawkins alias Louisa Saunders

Sex, Male or Female, {Cross out the words not required in this line.} F

Age, Twenty *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick City

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 226 Dwight St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 29th 1878

Undertaker, L. D. Gourde

Place of Business, Barre St.

Julius Ball M.D.
Medical Attendant.

Address, Southern Dispensary
17 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Wheatley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 24 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3. Philpot alley

Cause of Death, First, (Primary,) Mal Formation

Second, (Immediate,) Inanition

Duration of last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 29 1878 James A. Steuart M. D.

Undertaker, W. H. Lyons

Place of Business, East St *Address,* Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Freeman M.D.

Permit No. 750 # 26730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Caesell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 355 Park ave

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Patterson Park Va

Date of Burial, July 30/78

Undertaker, Chas. T. Maund

Place of Business, 35 Park ave

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sunset 1143

[OVER.]

Permit No. 26731,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hosea J. Bowen.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 62 *Years,* 6 *Months,* 29 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 232 Lexington St

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,) Found Dead.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

Thos. J. A. Kyle M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Evans

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 19 Randall St

Cause of Death, First, (Primary.) Scrofulous

Second, (Immediate,) Disease of the Spine & Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Annarundel Co

Date of Burial, July 29

Thos. Cook M. D.
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Penn *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

Permit No. 26733,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Heuser.

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {cross out the word not required in this line.}

Occupation, ~~——————~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 45 Gough St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Bronchitis 3 D

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, July 30th 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A. F. Eish M. D.
Medical Attendant.

Address, 94 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 26734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arcamus Meyers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Naylor St

Cause of Death, {First (Primary,) Congestion of Brain.
Second (Immediate,)

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. B. Reynolds M. D.
Medical Attendant.

Date of Burial, July 29th 1878

{*Undertaker,* Wm. N. Dunge Address Geo. B. Reynolds
{*Place of Business,* No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 8 Eleven *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 14 Short street

Duration of Residence in the City of Baltimore, 1 Year 11 Months.

Place of Death, {Give street and number.} 14 Short St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1878

L. L. Chew M. D.
Medical Attendant.

{*Undertaker,* Wm. N. Dungle *Address* 71 East Lombard
{*Place of Business,* No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday morning, July 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Babe E. Dansaty.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} #5 Constitution St.

Cause of Death, First (Primary,) "Convulsions"

Second (Immediate,)

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cem.

Date of Burial, July 29, 1878.

Undertaker, J. Keenan

Place of Business, 9 Exeter St.

Wilmer Barton M. D.
Medical Attendant.

Address 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Martin Meagher.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 and 5 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} No 88 S. Pappleton

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) One week

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 29th

Undertaker, C. H. Byrne

Place of Business, Front St Balt

H. C. Spicer M. D.
Medical Attendant.

Address, 375 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26738 #26738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k. P. Buckal.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, — *Years,* 4 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 206 E. Madison St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Lutheran Cemetery Frankford Road

Date of Burial, July 30th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Jno. T. Lowell. M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S Edmunds

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 71 Garden St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, One week but has been an invalid for years with Rheumatic gout.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 31st 1878

Undertaker, Geo. Schildt's

Place of Business, Monument Square

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

Date of Death, July 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sally Jane Bond

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 30 6 35 *Years,* ——— *Months,* ——— *Days.*

Color, Negress *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Lady's Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Maryland

Duration of Residence in the City of Baltimore, — ~~Unknown~~ 18 yrs.

Place of Death, {Give street and number.} N. 154 N. Howard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion fr. drainage

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1878

Wm. H. Ames M. D.
Medical Attendant.

Undertaker, Wm. N. Dunger *Address* 8 Franklin St

Place of Business, No 10 Stockton Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lennon

Sex, Male or Female, {cross out the word not required in this line.} male

Age, One *Years,* 11½ *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} Lurtin Court No. 12

Cause of Death First, (Primary,) General bronchitis

Second, (Immediate,) Apnoea & exhaustion

Duration of last Sickness, about two weeks

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

All the above information should be furnished by the Physician.

Place of Burial, Lauel Cem

Date of Burial, July 23d 1878

Undertaker, Wm Hudson

Place of Business, 13 S Sharp Ann

B. F. Grove M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 26742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

Date of Death, 29 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dawson

~~*See, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 22 Bolton St

Cause of Death, {First (Primary,) chol. infantum

Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1878

{*Undertaker,* H. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.}

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Coffey

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Married

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 40 W. Eager St

Cause of Death, First (Primary,) Can't say; did not see her until an hour before death

Second (Immediate,) Cardiac & Cerebral Trouble

Duration of Last Sickness, ~~Did Not~~ about Eight days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 30th 1878

Chas A'Donovan M.D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 Liberty St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

Date of Death, 29 July 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* About 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Maternité

Duration of Residence in the City of Baltimore, Institution 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum Mar avenue

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 31. 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 26745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Kendall & Jenkins

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 86 Plumb Alley

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 86 Plumb Alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, July 30th 1878

James A Steuart M. D.

Medical Attendant.

Undertaker, H. Ross

Place of Business, 95 Conway St

Address, Residence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Information by Sanitary Inspector

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

Date of Death, July 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose McClellan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Un known

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} Baltimore City Jail.

Cause of Death, First (Primary,)

Second (Immediate,) Apoplexy

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, E. B. Public Cemetery

Date of Burial, July 30th 1878

Undertaker, Patrick Mullin

Place of Business,

S. N. Hosack M. D.
Medical Attendant.

Address 75 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A. Edwards

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 29 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 10 Little Front St

Cause of Death {First, (Primary,) Inflamation of Bowels
Second, (Immediate,) I saw it the day of its death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 30th 1878

A Lingenheuzer M. D.
Medical Attendant.

Undertaker, J P Byrnes

Place of Business, Front St

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Barbara Heibeck

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 48 48 *Years,* 3 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number } N-W Cor Pepplewin & Lombard

Cause of Death, { First, (Primary,) Peritonitis
Second, (Immediate,) Four (4) Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31st 1878

Undertaker, Adam Weidemeyer

Place of Business, 318 W. Baltimore St. *Address,* 379 W Lombard

H. L. Spicer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

Permit No. 21745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Williams

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Supposing Lived there by

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 9 Gunpowder Alley

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Spasms during life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, July 30th 1878

Undertaker, L. Gourdes

Place of Business,

James A Steuart M. D.
Medical Attendant

Register

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setforth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

SUDLANT & CO. CITY PRINTERS AND STATIONERS.

examined by Joseph Bausano [OVER.]

26750

Permit No. ~~26744~~ # 26750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday, July 30, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Bunce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — — — *Years,* — — *Months,* Twenty-one *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 318 Harford avenue

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Failure of vital power (Asthenia)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, July 31st 1878

Undertaker, Geo. Schluraff

Place of Business, Monumental.

A H Hewitt M. D.
Medical Attendant.

Address No 285 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Sp...

Board of Health, City of Baltimore,

Permit No. 26751

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Queen

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Sixty nine *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, Washerwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} No 45 Hamburg St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st

Undertaker, Wm. Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 31 1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Drummer.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 75 *Years,* 1 *~~Months,~~* 21. *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria Ger

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number.} 25 Block St

Cause of Death, First (Primary,) Brights Kidney's

Second (Immediate,)

Duration of Last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Augt. 1st 1878

Undertaker, Peter Cammert

Place of Business, 317 Mulberry St

John. F. A. Bryer M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Beatty

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 126 N. Eutaw St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 31st 1878

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St "

Edwin Lee M. D.
Medical Attendant.

Address 57 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Rules of Practice on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26754

JUL 31 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Steinbacher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 419 Henderson

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31st Theodore Cook M. D.

Medical Attendant.

Undertaker, F. N. Ford

Place of Business, 131 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 31 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette, E. C. Dittes,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number} 29 Collington Ave

Cause of Death First, (Primary,) Rheumatism,

Second, (Immediate,) Cardiac Disease,

Duration of last Sickness, Four weeks

All the above luformation should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 31st 1878

Undertaker, J. H. Lautenbach

Place of Business, 452 W. Pratt

G. Glanville, Lucas M. D.
Medical Attendant.

Address, Balt. & Pach. Rr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 30 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Baltimore alias Logan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery Jno. Brooke Byrle M. D.

Medical Attendant.

Date of Burial, July 31

Undertaker, Patrick Mullin *Address* Nole & Eager St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 40 Cohen Alley

Cause of Death, {First (Primary,) Apthae & Diarrhoea / Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1878

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

J. H. Scarff *M. D.*
Medical Attendant.

Address, 86 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Ann Hamilton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, { Give street and number. } No 22 Stirling St

Cause of Death, { First (Primary,) Pulmonary Tuberculosis, Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July the 31st 1878

{ *Undertaker,* Wm H Dinges

{ *Place of Business,* 62 East St

Address [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Died July 30th 4½ oclock Am

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pinkett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} No 5 Madison Alley

Cause of Death, {First (Primary,) Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July the 31st 1878

Undertaker, Wm A Dungee

Place of Business, 62 East St

Sidney D Grant M. D.
Medical Attendant.

Address No 32 North St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. Callen

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 35 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 & Druid Hill Ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Colliquative Diarrhoea

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 1st

Undertaker, Wm. Weaver

Place of Business, 202 Eutaw St

Richd. McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J. Rennagy.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years*, ____ 10 *Months*, 6 *Days*.

Color, White

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 215 N. Bond St.

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Meningitis.

Duration of last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Fleet St. Cemetery

Date of Burial, July 31

Undertaker, M. Dilfer

Place of Business, S. Bond St. 15 *Address*, 94 S. Broadway,

Aug. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John O'Donell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shop Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, { Give street and number. } 86. s Charles

Cause of Death, First (Primary,) Brain disease

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetry

Date of Burial, August 1st 1878

F. J. Miles M. D.
Medical Attendant

Undertaker, L P Byrne

Place of Business, 63 Front st *Address* 24 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. H. & Ella Wirsh

Sex, ~~*Male or*~~ *Female,* { Cross out the words not required in this line. }

Age, ... *Years,* ..... *Months,* 13 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md.

Duration of Residence in the City of Baltimore, 13 days

Place of Death, { Give street and number. } 386 East Pratt St

Cause of Death, { First (Primary,) Inanition

Second (Immediate,) Apnoea

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th 1878

Undertaker, John J Andrews

Place of Business, No 426 Druid Hill Ave

J H Clawson *M. D.*

Medical Attendant.

Address, 392 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Neumann

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* One *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 382, N Gay St

Cause of Death, First (Primary,) Abscess

Second (Immediate,) Inanition

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, August 1, 1878

Sam'l Beck M. D.
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 209 Central Ave

Address, 134 N Duke St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ebara Boyland

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, one *Years,* . *Months,* . *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Green Mt Tennessee

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 21 N Bond St.

Cause of Death, {First (Primary,) Catarrhal Croup

Second (Immediate,)

Duration of Last Sickness, about 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 31 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo H Watson M.D.
Medical Attendant.

Address, 18 Dieguith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26766

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

Date of Death, July 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Amelie Heise

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No. 54 Mc Elderry St

Cause of Death, {First (Primary,) Cerebral Apoplexia

{Second (Immediate,) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 1 August 1878

Undertaker, A. Kohler

Place of Business, 24 E Lexington St

J. D. Fiske *M. D.*
Medical Attendant.

Address No. 340 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown (Foundling) Gertrude Chaney

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 3 Front Court

Cause of Death { First, (Primary,) Heavy Cold, Second, (Immediate,) Inanition

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, New Hart. M. B. G.

Date of Burial, Aug. 1st 1878

Undertaker, A. Ross

Place of Business, Canway & Place

James A. Adams M. D.
~~Medical Attendant.~~

Address, Comm. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Information from Sanitary Inspector

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice H Hobbs

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Eight *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Cooke St.

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,) Abscess

Duration of Last Sickness, Seven Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope

Date of Burial, Aug 31

Undertaker, ____

Place of Business, 201 Lan[illegible]

Address ____

M. D.
Medical Attendant.
H C Pole
No 1 Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Harnes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 813 Columbia Ave

Cause of Death {First, (Primary.) Scarlet fever

Second, (Immediate.) 48 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 1st 1898

Undertaker, Wm Thacher

Place of Business, No 150 Caroline St

I H Hurley M. D.
Medical Attendant.

Address, 76 Shea

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 26770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A M Solomon

Sex, ~~Male,~~ *Female,* {Cross out the words not required in this line.} Female

Age, Thirty two *Years,* Four *Months,* Ten *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Widow~~ Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #196 E Eager St

Cause of Death, {First (Primary,) Abortion / Second (Immediate,) Uremia}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 1st

Undertaker, Geo Schilling

Place of Business, Ashland Square

H Hartman M.D.
Medical Attendant.

Address, #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 248 Eastern Ave

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,) Found in the Sink

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. O. Cemetery

Date of Burial, July 31

Undertaker, Patrick McAllister

Place of Business,

A. C. Dulany M. D.
Medical Attendant.

Address, Corner E. A.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 26772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 " 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Engesser

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 20 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number } Spring Gardens near Light

Cause of Death, { First, (Primary,) Disease of Heart

{ Second, (Immediate,)

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, 30 July 1878

Undertaker, John F. Scull

Place of Business, 265 Market *Address,* Warren Burial

H. G. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Grace Morse

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos 11 Days

Place of Death, {Give street and number} 153 Preston St.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cem

Date of Burial, August 1st 1878 T. Winslow M. D.

Medical Attendant.

Undertaker, Chas. J. Snyder

Place of Business, 2711 Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Francis Burley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 6 *Days.*

Color, Black (Mulatto) *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 St. Paul St.

Cause of Death, First (Primary,) Diarrhoea ×

Second (Immediate,) Asthenia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1st 1878

Undertaker, Mc[illegible] Ring Jr.

Place of Business, [illegible] Paul Street.

Eugene F. Cordell M. D.
Medical Attendant.

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

× brought on by feeding with city (swilled) milk.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ~~Years~~ 61 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Milliner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} N Madison n. 1

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 2

Undertaker, C H Blizzard

Place of Business, 201 Penn av

Chas O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Halfpenny

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 12 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 27 N. Bell

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 2th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton ave. *Address,*

James E. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 26777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mellis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty Seven *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 94 Chester St

Cause of Death, First, (Primary,) Drowning.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 1st

Undertaker, Henry Sander

Place of Business, 259 Canton Ave

D. C. Dulany M. D.
Medical Attendant.

Address, Coroner E.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Cordelia Elliott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Four *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 352 E. Fayette St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1st

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie I. Crowley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 17 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Stockton Street

Cause of Death, First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 2. 1878

Undertaker, Walter Ennis

Place of Business, 506 Penn Ave

H. J. Hauck M. D.
Medical Attendant.

Address Carey & Eastman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Heinrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Blacksmith & Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number.} 183 George st

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary J. B. Alleyn *M. D.*
Medical Attendant.

Date of Burial, August 2nd

Undertaker, Andrew Leitz *Address* 28 Lemmon st

Place of Business, Druid Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Fanny Eckenstein

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 74 Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 245 N. Lombard St

Cause of Death { First, (Primary,) Enlarged liver (Jaundice)
Second, (Immediate,)

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, August 2th 1878

Undertaker, M. Langrood

Place of Business, 81 Baugh Str.

J. Duncan M. D.
Medical Attendant.

Address, 7 L. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F. Bantum

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Thirty five *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shuckerwasher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 8 Bevern St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) General Debility

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Wm Scombel M.D.
Medical Attendant.

Address, Cor Calvert & Saratoga Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milliard S Ozman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... 8 *Days.*

Color, White *Sex,* .....

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Locust Point

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hull St. No. 8.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Five days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 2d

E J May M. D.
Medical Attendant.

Undertaker, Wm. Schilling

Place of Business, Ellicot Can Town *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE.

Date of Death, Aug- 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Matthias

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} 3 children

Occupation, Worker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co: Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 92 Arch St ~~Hospital~~ Str.

Cause of Death { First, (Primary,) Dropsy
Second, (Immediate,) Pleuritic Effusion & Hydrothorax

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Aug 2nd 1878

E. H. Chronell M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address,* Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia D Watson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 31 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 178 E Baltimore St

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, about Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 3d 1878.

D Wilson Cathell M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 & 65 Eden St. *Address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26786.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Beck

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 78 Henrietta St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Two days —

All the above information should be furnished by the Physician

Place of Burial, Western Cemetry

Date of Burial, August 2 th.

Undertaker, Henry Briele

Place of Business, Harriett & St

Thomas Opie *M. D.*
Medical Attendant.

Address 581 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Pratt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 87 Fiddle St.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cem. *M. D.*

Date of Burial, August 2nd 1878 Medical Attendant.

Undertaker, Chas. T. Scriven *Address* 261 Madison Ave.

Place of Business, 271 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 26788. OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Geler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 213 S. Bethel St.

Cause of Death, {First (Primary,) Second (Immediate,)} Enlero-Colitis accompanied by Pertussis & difficult dentition.

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinities

Date of Burial, 2d August.

Undertaker, Jacob Bucher.

Place of Business, 224 Canton av

John H. Rehbinger M.D.
Medical Attendant.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 64 Federal St

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, August 2 1878

~~Undertaker~~ Patrick Williams

Place of Business, 64 Federal St *Address*

Wm Green M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Morton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 153 Chesnut St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Chol. Infantum

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem-D

Date of Burial, Augt 2nd 1878

Undertaker, G. C. Radcliffe

Place of Business, Eutaw St

James Kelly M. D.
~~Medical Attendant~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Mc Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 August 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 3, 1878

Undertaker, Sam'l Brown

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Dee

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years No 69 Boyd st

Place of Death, {Give street and number} University Hospital Cor Greenmount & Lombard

Cause of Death { First, (Primary,) Inflammation Brain. / Second, (Immediate,) .....

Duration of last Sickness, 7 days, (in Hospital 4 days)

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, August 4th 1878

Undertaker, J. R. Cook

Place of Business, No 707 N Gallows Street *Address,* .....

J. L. Lovell M. D.
Medical Attendant.
Resident Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26793.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Ferguson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Md James Alley

Cause of Death, { First (Primary,) Entero-Colitis
Second (Immediate,) Pulmonary Inflammation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 2nd "

{ *Undertaker,* F. A. Troll
{ *Place of Business,* # 131 Hanover St *Address* 31 [illegible]

R. M. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 75 Bayview

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Bauman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 177 S. Eden St

Cause of Death First, (Primary,) Consumption Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 3d

Undertaker, H. Frank

Place of Business, No 35 Bank

Edmund M. D.

Medical Attendant.

Address, 7 E. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALDERMEN'S DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2 / 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie McDaheimer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 13 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Saratoga St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " Pneumonia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4th 1878

Thomas O'Rie M.D.
Medical Attendant.

Undertaker, Peter Kemmert

Place of Business, 317 Mulberry St

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Callahan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 40 ~~37~~ *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, N.C. Public Cemetery

Date of Burial, Aug 2 1878

Undertaker, Pat'k Mullin

Place of Business, Cambridge St

Wm Combel M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

Date of Death, August 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Casey.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Casey

Age, 11 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 161 N. Eutaw St.

Cause of Death, {First (Primary,) Acute Laryngitis.
Second (Immediate,) Pyaemia

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Augt 2d 1878

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

Edward P. Mitchell M. D.
Medical Attendant

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruggs Waters

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2y

Place of Death, {Give street and number} 102 King st

Cause of Death { First, (Primary,) Dropsy
Second, (Immediate,) ...

Duration of last Sickness, 2y 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 3d 1878

Undertaker, I D Mackenzie

Place of Business, S. Paca St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug: 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Dryden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 67 N. Liberty St.

Cause of Death, {First (Primary,) Bronchitis
Second (Immediate,)}

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 3d 1878

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Felix Simon M.D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1 1878-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Adelia Hess-

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* 1 *Months,* 18- *Days*

Color, White-

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 12 E. Baltimore St.

Cause of Death, First (Primary,) Mucous Colic-

Second (Immediate,) Stricture-

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 3rd

Undertaker, Wm J. Tilbur

Place of Business, 65 S. Eutaw St-

I. N. Hook M.D.
Medical Attendant.

Address, 75 E. Baltimore St-

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Lanahan

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 473 Saratoga

Cause of Death, First (Primary,) Scardatina anginosa

Second (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Aug 4th

Undertaker, Peter Kunert

Place of Business, 317 Mulberry

Louis L. Horn M.D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Arthur Kaufman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 5 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tr

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 146 W Fayette

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Few weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 4 1878

Undertaker, Peter Kummert

Place of Business, 317 Mulberry st

J H Kellam M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
3
1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1st August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Scully

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 92 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 [redacted] years

Place of Death, {Give street and number.} 153 Bank

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 3rd 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

H H Webster M.D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* 7 *Days.*

Color, Colored

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} No. 1. Etting St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, 7 or 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Street Cemetary

Date of Burial, August 3d 1878

Undertaker, Geo. J. Salfran

Place of Business, 21 Fremont Avenue.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Oscar Hedrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* 20 days *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} ~~Infirmity & Lafayette~~ 76 Schroeder

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Heart Clot

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Wolf M. D.

Medical Attendant.

Date of Burial, Aug 3rd

Undertaker, Chas. Ford *Address* 26 N. Gilmor st

Place of Business, 27 W. Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret H. Scharff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co —

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give street and number.} W. Lombard St No 360

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Asthenia

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, August 4th 1878

L. G. Sparrow M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman *Address* No Steuben St No 427

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 3 1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Gertrude Lynch

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, / *Years,* / *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 797 W Pratt

Cause of Death, { First (Primary,) } Cholera Infantum with Whooping Cough.
{ Second (Immediate,) } Meningitis & Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 4th 1878

Undertaker, I R Cook

Place of Business, No 707 W Baltimore Street

M C Leguen M.D.
Medical Attendant.

Address 59 Lexington Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attenti... ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Uncles

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Allen's Alley between Canal & Lloyd

Cause of Death {First, (Primary,) Convulsions

{Second, (Immediate,) .....

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Aug 3rd 1878

Undertaker, R. McCullum

Place of Business, Cambridge St. *Address,* Corner Eutaw & Lexington

James A. Steuart M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Gw E. Taylor

Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Tower

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Boston Mass.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No. 18 S. Pattersons Park near

Cause of Death, {First (Primary,) Malignant fistula

{Second (Immediate,) Obstinacy

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ch.

Date of Burial, Aug. 3d

Undertaker, W. T. Pettit

Place of Business, S. Bond st 151

E. F. Bons M.D.
Medical Attendant.

Address, 466 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Bailey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Three *Months,* Twelve *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 12 Legdenhall St

Cause of Death, {First (Primary,) Cholera Infantum et meningitis

Second (Immediate,) Clonic Spasms

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, August 3. 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St.

L. A. Dyer M. D.

Medical Attendant.

Address, 146 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2[illegible]811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Crowley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 21 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 Aliceanna

Cause of Death, First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4. 1878

Undertaker, Walter Immel

Place of Business, 506 Penn. Ave.

L. J. Houck M. D.
Medical Attendant.

Address Cor. Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...he Special Attenti... ...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPARTM... 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Dempsey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 Jefferson St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Augt 4th 1878

Undertaker, Jas P. Byrne

Place of Business, Front St

James A Clemm M. D.

Residence of Attendant

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SEC. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth ... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C... O. CITY PRINTERS AND STATIONERS.

Exam by J. H. Boulden

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Doyle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number} Balto Infirmary

Cause of Death First, (Primary,) Jaundice

Second, (Immediate,) Coma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 2 78

Undertaker, Fred'k Kirchner

Place of Business, 58 S Carrollton Ave

E. H. Chancellor M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samima Elizabeth Webb

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 12 *Years,* — *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 134 Gough st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 4. 1878

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the matter below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July Aug 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie L Cann

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 257 N Fremont

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Acute gastritis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 4. 1878

Thomas Cowle M. D.
Medical Attendant.

Undertaker, W Peter Pimmel

Place of Business, 306 Penn Ave

Address, 146 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

Date of Death, August 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Connell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 248 Johnson St

Cause of Death, First, (Primary,) Chol Infantum,

Second, (Immediate,)

Duration of last Sickness, all its Life more or less

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, August 4th 1878

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, A. Weidmeyer

Place of Business, Balto St *Address,* Comm'r of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Jo. Vansant

[OVER.]

Permit No. 26817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

Date of Death, Aug 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Joseph Rodenberg Sr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, saloon keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Edenst Anthony St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 5 1878

Undertaker, Henry Hoyt

Place of Business, 304 Central Ave

Address 256 N Eden St

F. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the special attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jane Boggs

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Brewer's alley

Cause of Death { First, (Primary,) Premature Birth
, Second, (Immediate,) asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Aug't 3 1878

Undertaker, F. A Kirchner

Place of Business, Carrollton

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Ex by M. Fitzpatrick

Take Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Amelia Nelson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 21 *Years,* One *Months,* 26 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 129 N Bethel St

Cause of Death, First, (Primary.) Child Bed

Second, (Immediate,) Puerperal Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ground

Date of Burial, Aug 4th 1878

Undertaker, Sheldon Leeds

Place of Business, 56 Hanover

Wm. L. Russell M. D.
Medical Attendant.

Address, 1 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eve Feb

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} 183 S. Broadway

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,) Paralysis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

[illegible] M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] BROAD STREET [illegible]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Ann Conners

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 12 Rock St —

Cause of Death, First (Primary,) Dis. Stomach

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 4th 1878

Undertaker, J B. Cook

Place of Business, No 707 N Baltimore street

Edwd F. Mitchell M.D.
Medical Attendant.

Address, 279 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Matthias Rowan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two *Years,* Six *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 39 Robert St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4th 1878

Undertaker, Wm J Gray

Place of Business, 65 Hanover St

D G Rowan M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, Aug 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz^th D Kingsworth

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, About 70 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and number.} 246 Montgomery St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Debility

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Aug. 5th "

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

R. C. Lee M.D.
Medical Attendant.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anna Harris

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, fifty one *Years,* Six *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbert County Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 40 Wayne St

Cause of Death, {First (Primary,) Lesion of Heart

{Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, August 4th 1878

J. J. Shelly M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 96 Conway St

Address 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1898 BALTIMORE

Date of Death, August 3. 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Mathews.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila. Pa.

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number.} 336 Rabsug St

Cause of Death, First (Primary,) Diarhoea

Second (Immediate,) Dehydration

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4 1898

Undertaker, U H Close

Place of Business, 198 Broward *Address* 76 Edmondson Ave

John J. Sinn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C Webber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 81 Parkin Street

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Lane Ham

Date of Burial, Aug 4

Undertaker, F N Frolk

Place of Business, 131 Hanover

Chas. H. Neff M. D.
Medical Attendant.

Address 306 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dora Honig

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number.} 70 N Bond

Cause of Death, First (Primary,) Scarlet Fever & Rheumatism

Second (Immediate,) Heart-Union

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Aug 4th

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, H. Sauter

Place of Business, 252 Canton av *Address* 43 N. Caldcut

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

Date of Death, August 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edg Connolly

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ... 1

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 352 North Eutaw St

Cause of Death, First (Primary,) Artificial feeding & Consumption brot.

Second (Immediate,) Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, August 4th 1878

Chas O'Donovan M.D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

Date of Death, August 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Strasbaugh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~York Co. Pennsilvania~~ York Co Pennsilvania

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Sts

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetary

Date of Burial, August 5th 1878

Undertaker, Henry Schultheis

Place of Business, No 261 East Monument St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111 26831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ August 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Chesnut

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} No 98 North St Baltimore Md

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Aug 4 1878

Undertaker, Wm J. Dungee

Place of Business, c/o 62 East st

Jas H. Gaskins M. D.
Medical Attendant.

921 Caroline ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Eaton

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 163 S. Durham St.

Cause of Death {First, (Primary,) Inflammation of bowels

{Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, August 6th 1878

R. W. Mansfield *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 & 8 Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21832

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* [illegible] *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 506 Fremont St

Cause of Death, First (Primary,) Colora Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comt H. G. Howell M. D.

Date of Burial, Aug 5th 1878 Medical Attendant.

Undertaker, Andrew Leib *Address* Corey & Pearman sts

Place of Business, 118 Druid Hill Ave Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Bonaker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ——— *Years,* 8. *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 47 Granby st.

Cause of Death, {First (Primary,) Spasm

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 3 ed

{*Undertaker,* Fred. Gaede

Place of Business, No. 29 S. Caroline st

C. L. Buddenbaum M.D.
Medical Attendant.

Address, 166 S. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi B Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, U S Custom House

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Boonsboro Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 115 N Charles

Cause of Death, {First (Primary,) ; Second (Immediate,)} Carbuncle

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Boonsboro Md.

Date of Burial, August 5th 1878

{*Undertaker,* H. H. Jenkins Son
Place of Business, 16 Light St.

J H Bellamy M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit #1146

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d, 9½ o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Henriette Woldman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Thirty two (32) *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Katts City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 73 South Grant St.

Cause of Death, First (Primary,) Typhoid-fever.

Second (Immediate,) Prostration

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 5th

Undertaker, F. N. Troll

Place of Business, #131 Hanover St

Wm. H. Glenn, M. D.
Medical Attendant.

Address, 166 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Courtney Wheatley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and number} 286 Light St

Cause of Death { First, (Primary.) Typhoid Bilious Remitt Fever
Second, (Immediate.)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery.

Date of Burial, August 5th.

Undertaker, F. A. Groll

Place of Business, ~~#31~~ Hanover St

Geo. N. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hebber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} No. 81 Parkin Street

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Locust Home Cemetery

Date of Burial, Aug. 5th

Undertaker, P. A. & J. Frolt

Place of Business, 131 Hanover St.

Chas. West M. D.
Medical Attendant.

Address 306 W. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Weibert

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 42 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 482 Canton Av.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, August 5th 1878

Undertaker, Leonhard Kurz

Place of Business, S. Bond Street No. 227

P. F. Dowd M.D.
Medical Attendant.

Address, 471 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 26839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie H Smith

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 16-17 about *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, about five years.

Place of Death, {Give street and number.} ~~about five years~~ Henry Watson Children's Aid Society. Calvert st

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) —}

Duration of Last Sickness, about five years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 5th 1878

Undertaker, John F. Weaver

Place of Business, #22 W. Fayette St

Rich'd H. Thomas. M. D.
Medical Attendant.

Address 438 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hopkins

Sex, ~~Male~~, *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland — 8 years

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 2 Ulrich St

Cause of Death {First, (Primary,) old age
Second, (Immediate,) asthma

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Aug 5th 1878

Undertaker, Jas P. Byrne

Place of Business, Front St

Thos A Steuart M. D.
~~Medical Superintendent~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Lee E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 26841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Coudliffe

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 84 S Bacon St

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Congestion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Middlesex Co

Date of Burial, August 6th 1878

Thornton Coyle M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, NE Cor Camden & Eutaw Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1149

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Lane

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar Keeper,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Brights Disease,

Second (Immediate,) Asthenia

Duration of Last Sickness, Six Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 4 P Block Aug 5th

Wesley Chambers M.D.
Medical Attendant.

Undertaker,

Place of Business, Peter Kleinmont *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26843,

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lew Josey & A E Josey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 186 Montgomery St

Cause of Death, {First (Primary,) Premature Birth / Second (Immedinte,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Aug 5 1878

Undertaker, Armstrong & Drury

Place of Business, #203 Light St

W. B. Noble M. D.
Medical Attendant.

Address 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Meisberg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} Penniac St No 5

Cause of Death, First (Primary,)

Second (Immediate,) Chronic Diarrhoea

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. M. D.

Date of Burial, Aug 7th '78 Medical Attendant.

Undertaker, H. Francis Address

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3. August 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Scheller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Castle Street 3.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, N. Arkansas Ave

Date of Burial, August the 5th.

Undertaker, John Brown.

Place of Business, 533 S. Register St

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F L Baurence

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Ninety four *Years,* Nine *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn.a

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 202 Hoffman St

Cause of Death, First (Primary,) Congestion of the Lungs

Second (immediate,)

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 6 1878

Elias le Price *M. D.*
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penn Ave *Address* 267 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Permit No. 26847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, August 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L Shepard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 343 Hoffman St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 6 1878

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

John Barnes M. D.
Medical Attendant.

Address 99 Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie A Kidd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 1 Week 5 Days.

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6m 1 Week 5 Days

Place of Death, {Give street and number.} No 3 Hope Al-

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Inanition

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. G. Watson M. D.

Date of Burial, August 6th 1878 Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 447 W. Pentral Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4" 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny M Powers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nc

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} N. 218 Lanvale "

Cause of Death, First (Primary,) Phthis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 6th August 1878

Undertaker, H M. Jenkins Son

Place of Business, 16 Light st.

J H Pattison M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 5 1878

CERTIFICATE OF DEATH.

Date of Death, August 3 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Locke.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, 9 *Years,* 3 *Months,* 12 *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Life.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 321 E. Biddle St.

Cause of Death, {First (Primary,) Tumor of Brain.
Second (Immediate,) Two Years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Aug. 5, 1878

Undertaker, W. A. Daiger

Place of Business, 74 S. Broadway

Jno. J. Powell. M. D.
Medical Attendant.

Address 324 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26851

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, Aug 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johnson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} —

Age, — *Years,* — *Months,* 10 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 3 Natus Court

Cause of Death, {First (Primary,) Unknown

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2

Undertaker, James L Brockerton

Place of Business, No 20 Druid Hill Ave

W W Antrim M.D.
Medical Attendant.

Address. 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Department of Baltimore

Permit No. 26852 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, Aug 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 4 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 303 N Eutaw St

Cause of Death, First (Primary,) Bright Disease

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 6th 1878 C Winslow M. D.
Medical Attendant.

Undertaker, Chas. T. Sommer

Place of Business, 271 Eutaw St Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 26853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, Aug 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane M Clark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Goodwin alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Chol Infantum

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 5th 1878

Undertaker, H. Jas Gray

Place of Business, Mulberry St

Jas A Steuart M. D.

Attending ~~Physician~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 26852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Brian

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, about 65 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, all my life

Place of Death, { Give street and number } 91 Dolphin Street

Cause of Death, First, (Primary,) Cystitis

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, Aug 5th 1878

Undertaker, Jas P. Byrne

Place of Business, Front St *Address,* .....

DR. J. H. SMITH, AUG 5 1878, BALTIMORE, MD.

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 26855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, Augt 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate & John Moay

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, —— *Years,* —— *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Watson Court

Cause of Death, {First (Primary,) ; Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem-y

Date of Burial, Augt 5th 1878

Undertaker, L. S. Bowsing

Place of Business, Fayette St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz^th Bowers

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 479 E. Madison St.

Cause of Death, First (Primary,) Paralysis (with heart, lung & other troubles)

Second (Immediate,) Exhaustion

Duration of Last Sickness, 11 days (confined to bed)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 6 4

Undertaker, H. Hook

Place of Business, 307 Saint Ave

Geo. A. Wastaud M.D.
Medical Attendant.

Address, 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elisabeth Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 years 11 months

Place of Death, {Give street and number.} 86 North st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Londen Park cemetery

Date of Burial, Aug 6th 1878

H. N. Stitt *M. D.*
Medical Attendant.

Undertaker, C B Cook

Place of Business, No 707 W Baltimore street *Address* H. S. Creighton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Date of Death, August 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hubbard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Carver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Oxford, Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 461 W Lombard St.

Cause of Death {First, (Primary,) / Second, (Immediate,)} General debility.

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Aug 6th 1878

Undertaker, G B Cook

Place of Business, No 707 W Baltimore street

Geo G Ogle Comm M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Showacre

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 0 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 326 N Lombard

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since March '78

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 6th 1878

W. J. McDowell *M. D.*
Medical Attendant.

Undertaker, H & S Loth

Place of Business, No 707 W Baltimore street

Address 290 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] City of Baltimore,

Permit No. 26860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Foster.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* Ten *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington Delaware,

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number.} 456 E. Lombard St.

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,)

Duration of Last Sickness, Two weeks,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, August 6th 1878

Nicholas L. Dashiell. M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65, S. Broadway *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Rothaupe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 weeks & 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 296 Mulberry St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) One week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 5th 1878

Undertaker, Peter Lennon

Place of Business, 317 Mulberry St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26862 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Butcher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 98 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericks Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 65 Mc Henry St

Cause of Death, First (Primary,) Old age

Second (Immediate.) Debility

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug' 6th 1878

D. R. Uhler M. D.
Medical Attendant.

Undertaker, John L Machen

Place of Business, No 150 Camden *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion H Steele

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Portsmouth Va.

Duration of Residence in the City of Baltimore, 65 years.

Place of Death, {Give street and number.} 237 Mad. Ave

Cause of Death, {First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 6 1878

{*Undertaker,* Thos S Thurston

Place of Business, 511 E Balto St

E. Jenkins M. D.

Medical Attendant.

Address 2 E Mt Vernon Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, August 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cook

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 283 Baker Avenue

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, August 6. 3 oclock *Herring* Coroner M. D.

Medical Attendant.

Undertaker, D. Harle

Place of Business, 441 Light St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, Aug. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Swear (Schwein)

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 475 S. Exeter.

Cause of Death, First (Primary,) Typhus abdominalis

Second (Immediate,) Paralysis cordis. Typhoid

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 6th 1878

Undertaker, Wm. H. Hackmann

Place of Business, 26 Bank St

Address, 275 S. Eutaw

J. Whitridge, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 6 1978
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee, Jr Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 272 W Pratt St

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 7th

C. Pearson 6 C 6 M. D.
Medical Attendant.

Undertaker, Henry Burns

Place of Business, Pratt St 81 *Address,* 6 C 6 Pearson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE MD. AUG 6 1878

Date of Death, Aug 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E. Griffith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 236 N. Carey St.

Cause of Death, {First (Primary,) Brights Disease
Second (Immediate,) 2 mrks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery J. W. C. Cuddy, *M. D.* Medical Attendant.

Date of Burial, Aug 7 1878

Undertaker, Hughes Bro

Place of Business, 537 W Fayette St *Address* 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hughes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 392 Orleans St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Collapse

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, 7th

Andrew Smith M. D.
Medical Attendant.

Undertaker, Ludwig Hoerther

Place of Business, Sharp & Bros Address, 146 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 29 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Elizabeth Near

Cause of Death, {First (Primary,) Traumatic Tetanus
Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Tuesday Aug 6, 1878

Undertaker, Conrad Kunzes

Place of Business, No 60 Fairhaven

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, Aug 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George William Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 135 Jefferson St

Cause of Death, {First (Primary,) Inflamed Convulsions;
Second (Immediate,)}

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augst 6 1878

Undertaker, Hughes & Co

Place of Business, Broadway

John H. Rehburger M. D.
Medical Attendant.

Address 245 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, August 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Grabe.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Wh.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number} 60 Camden St.

Cause of Death First, (Primary,)

Second, (Immediate,) Remittent fever, & old age.

Duration of last Sickness, 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Aug. 6th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Wm J. Trikner

Place of Business, 65 S. Eutaw *Address,* 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Boards of Health, City of Baltimore.

Permit No. 26872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexine Bailey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Six weeks ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Coloured.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth,)} Baltimore City

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, {Give street and number.} 19 Jordan Alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 6th 1878 Richd H. Thomas M. D.
Medical Attendant.

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, August 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christian Banes.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 9 *Days.*

Color, White *Sex,* — —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hatter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} 83 Ensor.

Cause of Death, {First (Primary,) / Second (Immediate,)} Palmonary Consumption.

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, 6th August

Undertaker, Adam Fenk

Place of Business, 461 North Gay St.

E. M. Reid M. D.
Medical Attendant.

Address 273 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, Aug. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Fisher.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Born prematurely: *Years,* 6 weeks since *Months,* birth *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 29 John St.

Cause of Death, First (Primary,) Imperfect development

Second (Immediate,) asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 7th 1878

Undertaker, H. H. Jenkins for

Place of Business, 16 Light st.

S. C. Chew *M. D.*

Medical Attendant.

Address 141 Lanvale St.

for P. C. Williams M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruben Goldsmith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dry Goods merchant (retired)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number.} 114 E Pratt St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, died suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, August 7th 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Geo. L Kinnmon M. D.
Medical Attendant.

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Sanders

Sex, Male or Femaie, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 22 Union St.

Cause of Death, First (Primary,) Uremia

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, August 6 1878

Undertaker, [illegible]

Place of Business, 113 S Howard

J. Zepp M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Date of Death, Augt 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Murdock

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Little Pine st.

Cause of Death First, (Primary.) Paralysis

Second, (Immediate,) " of Heart.

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 6 1878

Undertaker, [illegible]

Place of Business, 112 Hanover st

Geo C Pyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Viola Parker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 114 X Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 6th

Undertaker, Wenelles Boss

Place of Business, 95 & 11 Way St

Theron Cottle M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Essie Taylor

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 238 E. Madison st.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Augt 6th 1878

Undertaker, Henry W. Meads

Place of Business, 45 N Gay st

J. J. O Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

Date of Death, August 5th 1878 Hadyne

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Haskin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 20 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 14 Vincent St —

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Whooping Cough

Duration of last Sickness, Went 4 or 5 wks —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 6 1878

Undertaker, J B Cook

Place of Business, 707 W Balto St

W Kousmer M. D.
Medical Attendant.

Address, 582 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 26881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Margarita Rickenwald

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, X

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 65 S. Bethel Street

Cause of Death, First, (Primary,) Cerebral Malaria

Second, (Immediate,) .....

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Aug 7 d.

James E. Lemmon M. D.
Medical Attendant.

Undertaker, Emanuel Klaus

Place of Business, 169 S. Exeter *Address,* 177 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 10 min of 10 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hennessy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Four (4) *Months,* ____ *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 7 Bell Alley Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 107 Chesters Court

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Enteritis

Duration of last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pat Cemetery

Date of Burial, augt 6th 1878

Undertaker, P. Mullen

Place of Business, 67 Columbia St

N. J. Kenly M. D.
Medical Attendant.

for Dr Moseley

Address, Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 week *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 110 Sarah Ann St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, August 7 1878

Undertaker, Mathew Cadogan

Place of Business, 230 Mulberry St

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen A Hunter

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 280 E. Baltimore Street

Cause of Death, First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Exhaustion

Duration of last Sickness, One or 2 Mo. for 3 Years confined to house 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Johns cemetery Waverley P.O.

Date of Burial, August 6th 1878

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to Special Attention of ... to Last of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob C Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} in a wagon, while being taken to Poultry Station House, by police in the street,

Cause of Death { First, (Primary,) ... Second, (Immediate,) Hemorrhage of Lungs.

Duration of last Sickness, Nine Months!

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug. 7th 1878

Undertaker, C. F. Krause

Place of Business, Hanover St. *Address,* 229 ...

Geo C Cole Comm. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... ...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

...OULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Seven (7) *Months,* Twenty Seven (27) *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 46 Clifford St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 8th 1878

Undertaker, W. I. Dill

Place of Business, 183 Columbia Ave

Jno D Bluett M. D.
Medical Attendant.

Address 140 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schaeffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 31 Bunaugh St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) ———

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 7th 1878

Undertaker, Armstrong & Perry

Place of Business, 263 Light St

S. A. Bell M. D.
Medical Attendant.

Address, S Balto & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schneider

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 5 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 54 N. Castle

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, August 7th

Undertaker, H. C. Wiedefeldt

Place of Business, 90 Greenmount

J. L. Duval, M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Monday August 5th 1878.

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Willie Glanisberry.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... 4 *Months,* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 8 Lewis St—

Cause of Death, First (Primary,) "Enteric Colitis"

~~Second (Immediate.)~~ One week.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, August 7

Undertaker, Charles White

Place of Business, 35 granby St

E. Wilmer Brinton M.D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 26890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Leary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 Hamilton St

Cause of Death, First (Primary,) Ditto

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 3 to 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem,

Date of Burial, August 8th 1878

F. A. McManus M. D.
Medical Attendant.

Undertaker, Michael Doyle

Place of Business, 146 Camden st *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thales Tolmie

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 144 S. Wolf St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, August 7th 1878

Undertaker, H. Frechtl

Place of Business, 246 Eastern Av

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore, 1 , .

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Gendee

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~ 1 ~ *Years,* ~ 4 ~ *Months,* ~ 24 ~ *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 987 Canton ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 7th 1878

Undertaker, C. Froehlich

Place of Business, 246 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Butler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 5 *Months,* ..... *Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number} 176 Mulberry St —

Cause of Death { First, (Primary.) —
Second, (Immediate,) Gastritis —

Duration of last Sickness, 14 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 7th 78

Undertaker, Wm. J. Hicks

Place of Business, 137 Pratt St

E. D. Grove — *M. D.*
Medical Attendant.

Address, 137 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26894.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia Dean

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 Years, Months, Days.

Colored Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} Magazine

Cause of Death, {First (Primary,) 3 months

Second (Immediate,)

Duration of Last Sickness, Jno. G. Day M. D.

All the above information should be furnished by the Physician. Medical Attendant.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug 8th 1878

{Undertaker, John H. Smith

{Place of Business, 12 S. Paul St. Address Balt. Ind. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 26895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Eisner

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, One *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, August 7th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26896,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester, Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No. 47, Broadway, East Side

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, Aug 9th 1878

Undertaker, J. B. Loats

Place of Business, No 707 E. Baltimore street

W. L. Yates M. D.
Medical Attendant.

Address 235 Saint

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit 1150

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisha Wilson Owens

Sex, Male or ~~Female~~, {cross out the word not required in this line.} "

Age, 2 *Years,* —— *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 177 Orleans St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, Aug 8 1878

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

L. D. Smith M. D.
Medical Attendant.

Address, 183 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1151

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edmund Dwyer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 9 *Months,* ~~4~~ *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, his entire life

Place of Death, {Give street and number.} 120 Pine St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 8th 1878

Wm Hammond M.D.
Medical Attendant.

Undertaker, Chas. J. Semmes

Place of Business, 271 W Eutaw St

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Delbert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ Years, 11 Months, ____ Days.

Color, French

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Smith

Place of Death, {Give street and number} Shot Tower

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) 10 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 8th

{ Undertaker, Henry Brien
Place of Business, Fremont St 81 } Address, 84 Hanover st City

Geo. A. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Gathmann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} W. 29 Fairmount

Cause of Death, First, (Primary,) Acute Phthisis pneu.

Second, (Immediate,)

Duration of last Sickness, seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Saints Cemetery

Date of Burial, Aug 8 1873

L. D. Whitcomb M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, Fountain St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham C. Hardester

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, Sixty nine *Years,* Two *Months,* Six *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Sail Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 59 Marsh Market Space

Cause of Death, First (Primary,) Organic Disease of the heart

Second (Immediate,) General dropsy

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 10.

Undertaker, Geo. W. Spence

Place of Business, Forrest St. near Madison

Hilton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth King

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} F

Age, 44 *Years,* 4 *Months,* *Days.*

Color, Blk *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richd Va

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} no 1 Joy alley near Park St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) —

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 8th

A. Atkinson M. D.
Medical Attendant.

Undertaker, H. H. Malden

Place of Business, 335 North Eutaw St *Address* 39 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 26903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Clifford (Dr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} at Cathedral Cemetery. Refu...

Cause of Death { First, (Primary,) / Second, (Immediate,) } Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem...

Date of Burial, Augt 8th 1878 James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, P. Kummer

Place of Business, Mulberry St *Address,* Comm... of Healt... Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Dansant

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 26904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Green

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give street and number } 78 Hanover St.

Cause of Death, First, (Primary,) Intemperance.

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, August 9

Undertaker, Patrick Mullin

Place of Business,

J. C. Ireland M. D.
Medical Attendant.

Brown Ed

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 26905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Matilda Fret

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [redacted]

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Sarah Ann St. near Pine

Cause of Death {First, (Primary,) Mal Nutrition

{Second, (Immediate,) Atrophy

Duration of last Sickness, all its Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 8th 1878

Undertaker, John C. Jordon

Place of Business, Park Ave

James A Lucas M. D.

Medical Examiner

Address, Bureau of Health

For Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Lucy & John Haywood

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 115 York St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Augt 8th 1878

Undertaker, F. A. Kretchmer

Place of Business, Carrollton Av *address,*

James A Steuart M. D.
~~Medical Attendant~~

Comm'r of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam by Dr. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Martha Redeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 596 N. Bath. Street

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Ohio Mt Neff M. D.

Date of Burial, Aug 8 Medical Attendant.

Undertaker, J. B. Cook *Address* 316 N. Haywood

Place of Business, 707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Edward Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 yrs.

Place of Death, {Give street and number.} 31 Jordan Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 8th 1878

Undertaker, Wm. J. Gray

Place of Business, 65 Saratoga

Eldridge C. Cox M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Canby

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 329 N Durham St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Rubeola

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 8th 1878

Undertaker, Hy H. Mears

Place of Business, 45 N Gay St

Wm L. Arnell M. D.
Medical Attendant.

Address, Broadway
Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 26910

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Auguste Cooper

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16 Mulberry

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pulmonic Inflammation (Pneumonitis) 3 Weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug. 9th

Undertaker, B. Harle.

Place of Business, 411 Lig[illegible]

R. H. Ellis M. D.
Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 26911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily E. Woods

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 40 Lee Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 9th 1878

Undertaker, H. & M. Gilmanger

Place of Business, 341 Eastern Ave, *Address,* —

H. Hartig *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug., 7th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard O'Toole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} county Wicklow Ireland

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} 12 Federal st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, 8 Aug 5 Oclock

M. B. Billingslea M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Canton Street Address Harford ave & Biddle st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26913 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

Date of Death, Aug. 7. 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Hayden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 7 weeks ~~Days~~

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, 7 weeks.

Place of Death, {Give street and number.} 331 N. Howard St.

Cause of Death, {First (Primary,) Marasmus Infantile.

{Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 8th

{*Undertaker,* James F Brickston

{*Place of Business,* 20 Druid Hill Ave

W. E. Worthy M. D.
Medical Attendant.

Address 136 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th aug 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H Griffin

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 337 N Howard st

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 9th 1878

Undertaker, D F Kummert

Place of Business, 317 Mulberry st

Wm L Tamyhill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cullins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Killeymann (Ireland)

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Home of the Aged under the Care of the Little Sisters of the Poor, Corn. John and Valley Street

Cause of Death, {First (Primary,) Congestion of the Brain / Second (Immediate,)}

Duration of Last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August

{*Undertaker,* Henry Schultheis / *Place of Business,*}

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wilf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 353 West St

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Typhoid

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Winslow New Jersey

Date of Burial, Aug 9th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Theodore Lentz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1152

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Date of Death, August 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Hannaman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} 365 Light

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Bilious Remittent Fever

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 10th 1878

Thomas Scott M. D.
Medical Attendant.

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Date of Death, Augst 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Sultan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 43 Penna. Ave

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Ceme[illegible] by J. J. Knight M. D.

Date of Burial, 11 [illegible] 78 Medical Attendant.

Undertaker, [illegible]

Place of Business, 96 S Eden St Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Jackson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 114 Holliday St.

Cause of Death, First (Primary,) Ascites following Struma

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Aug 9 1878

Undertaker, William Monger

Place of Business, No 62 East Street

Oscar J Culley M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Edward Nicholson

Sex, Male or Female, {cross out the word not required in this line.} male —

Age, 0 *Years,* 3 *Months,* 0 *Days.*

Color, black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, as above —

Place of Death, {Give street and number} 127 Rebecca St —

Cause of Death First, (Primary,) Had bad intest - colitis —

Second, (Immediate,) Data ink to be investigated —

Duration of last Sickness, Since Birth —

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Aug 2 1878

Undertaker, William Wenger

Place of Business, No 62 East St

B. F. Grove M. D.
Medical Attendant.

Address, Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D Bittinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 9 Pennsylvania Ave

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Dropsy

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem*

Date of Burial, August 10*

Undertaker, John D Andrews

Place of Business, 16 & 6 Druid Hill Ave

S. T. Knight M. D.
Medical Attendant.

Address 212 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Section of Law... Remarks below, and to list of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8/98.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Holland,

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male.

Age, 46 *Years,* 2 *Months,* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Bank Teller.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 265 Harford Av,

Cause of Death, {First (Primary,) Scirrhus of the Liver.
Second (Immediate,) Ascites & Hydropericardium.

Duration of Last Sickness, Ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 10

Undertaker, Geo Schilling

Place of Business, Ash and Slyman

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...section of Physician more particularly directed to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Adolph Koenecke

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 133 Rhabarg St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Aug 9th

Undertaker, John Deufel

Place of Business, 616 N Bal. St.

Rev. Schaefer Gem.

Chas B Kerr M. D.
Medical Attendant.

Address, 226 Mulb. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Date of Death, August 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bowie

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} rear 110 South St.

Cause of Death { First, (Primary,) Phlegmon Erysipelas
Second, (Immediate,) Asthenia

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 9th 1878

Undertaker, W. Cook

Place of Business, Pearl St. *Address,*

J. L. Powell

Resident Physician M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No. 165 S. Wolf St.

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 9th 1878

[illegible] *M. D.*
Medical Attendant.

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1898

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olaus Peterson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Sweeden

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number} Spring Gardens, near Cons.d Coal Co. Wh.f

Cause of Death, First, (Primary,) Drowned

Second, (Immediate,)

Duration of last Sickness, short

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Aug. 8, 1898

Undertaker, M. A. Daigen

Place of Business, 94 S Broadway

P. C. Lee M. D.
Medical Attendant.

Coroners D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Peter Peterson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Sweeden

Duration of Residence in the City of Baltimore, one day

Place of Death, { Give street and number } Spring Gardens, Near Con. Coal Co. Wks.

Cause of Death, First, (Primary,) Drowned

Second, (Immediate,)

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Aug 8th 1878

R C Lee M. D.

~~Medical Attendant.~~ Coroner S.D.

Undertaker, M. A Saiger

Place of Business, 74 S. Broadway

Address, Narrow V. Barre Vt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Date of Death, Augt 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ed Nelson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 Moore's alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Chol. Infantum

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 9th 1878

Undertaker, W. Jas Gray

Place of Business, Mulberry *Address,* Comm of Health & Registrar

James A Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. Vansant [9 ~~Aug~~]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Date of Death, AUG 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Richardson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 71 Hanover Lane

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, August 10, 1878

Undertaker, C. W. Chase

Place of Business, 198 S Howard St

J. Dimmitt Hoge M. D.
Medical Attendant.

Address, 467 Hunter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2[illegible]

Board of Health, City of Baltimore,

Permit No. 26931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

Date of Death, Augt 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Candis Coates

Sex, ~~Male,~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, Col'd

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 68 Welcome alley

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Augt 11 1878

Undertaker, S. H. Chase

Place of Business, S. Howard St

James H Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Sickerman

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital Lombard St

Cause of Death {First, (Primary,) From the injuries

{Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial. Aug 10th 1878

Undertaker, J Feldmeyer

Place of Business, Sharpe & Eager

I L Powell M. D.
Medical Attendant.

Residence Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2.- And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Crimmins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clerk,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} 247 Howard St.

Cause of Death First, (Primary,) Old age

Second, (Immediate,) Hemiplegia

Duration of last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 Aug 2 Oclock

Undertaker, George C Rodenmoyer

Place of Business, 38 Eutaw St

Edward Cogswell M. D.
Medical Attendant.

Address, 137 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
9
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Boyd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 55 Dallas St

Cause of Death, {First (Primary,) Unknown

Second (Immediate.)

Duration of Last Sickness, 5 or 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Prot Cathedral

Date of Burial, August 10 1878

Undertaker, John G Jordon

Place of Business, 63 Park Ave.

E Shipley M. D.
Medical Attendant.

Address 5 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Phillips

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boot filler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 159 Emory St

Cause of Death, {First (Primary,) old age & Infirmity — Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Aug 10th

Jno. Burke Boyle M.D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1878, 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Klagel (Klages)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet-Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 237 E. Eager St.

Cause of Death First, (Primary,)

Second, (Immediate,) Accident

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 9 of August

Undertaker, F. H. Meyer

Place of Business, 106 N. Howard

A Engelhardt M. D.
Medical Attendant.

Address, 11 S. High St

Inspected this case yesterday for investigation, but am informed that the children of deceased are to be examined by a Coroner's Jury this day.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1878

Date of Death, Aug 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Baily

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, Cold *Sex,* female

Married, ~~*Single,*~~ Widow ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Andandle County

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 7 Machanics Court Ct

Cause of Death, {First (Primary,) Cardiac Asthma
Second (Immediate,)

Duration of Last Sickness, Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, August 10th 1878

Undertaker, Theo J Fricke

Place of Business, 56 Jefferson St *Address*

S. T. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ann Williams

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 96 S. Bond St Balto

Cause of Death, {First (Primary,) Old Age & Debility

Second (Immediate,) Been sick for 3 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Connel

Date of Burial, Aug 11 1878

Undertaker, R. L. Brown

Place of Business,

E. W. Janney M. D.
Medical Attendant.

Address Patapsco & Bouton Sts Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 26938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Frederike Werner

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, — *Years,* 7 *Months,* 14 *Days*

Color, white

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} No 3 Hammerbacker's court (Penna. Stra...

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 10th

Undertaker, Henry Brill

Place of Business, Hennetta Pt 81

Henry Salzer M.D.

Medical Attendant.

Address, 165 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 26939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, col

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No. 1 Ins Emerald Lane & T.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Coma

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug. 10th 1878

Undertaker, Smyth Sisters & Co.

Place of Business, 4 & 6 Eutaw Place

Wm J. Johnson M. D.

Medical Attendant.

Address Balto. Genl Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ephraim Hinder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 20 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa-

Duration of Residence in the City of Baltimore, Jones

Place of Death, {Give street and number.} 25 Moris Alley.

Cause of Death, First (Primary,) Meningitis Cerebralis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10th 78

Undertaker, Smith & Lukens

Place of Business, 91 Lombard Ave.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ruck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 128 Hanover St.

Cause of Death First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 11th

Undertaker, W. Funk

Place of Business, No. 35 Bank

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

Date of Death, August 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Fountaine

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County

Duration of Residence in the City of Baltimore, about fifty years

Place of Death, {Give street and number.} N° 1 Wilmot Alley

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thomas Chipman M. D.

Date of Burial, August 10 Medical Attendant.

Undertaker, Chandler White

Place of Business, 34 Granbury St *Address* 70 Centre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 26943,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 BALTIMORE

Date of Death, August 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Anzman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, — 41 Years

Place of Death, {Give street and number.} 173 German St

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, the 11th Aug

Undertaker, S. Kümmel

Place of Business, 317 Mulberry St

T. J. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 26944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

Date of Death, August 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Luty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 325 Saratoga St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10th Aug

Undertaker, P. Kinnmert

Place of Business, 317 Mulberry St

S. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2694

Board of Health, City of Baltimore,

Permit No. 26945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug't 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jones Infant {Parents

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Chesnut St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug't 10th 1878

Undertaker, Chas. Miller

Place of Business, 35 Granby St

Jas. A. Steuart M. D. Medical Attendant

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Vansant

[OVER.]

No. 26946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elbert F. Fisher

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Years, Seven Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Continuously

Place of Death, {Give street and number.} No 57 Peach alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Tuberculor Meningitis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 11th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

Date of Death, Aug. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. H. Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 28 *Years,* *Months,* *Days.*

Color, W. *Sex,* M.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Junk Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 132 Granberry st Granby st

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Bright's Dis.

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 11th 1878

Undertaker, Hendrickson Dippel

Place of Business, 151 S Bond st

A. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

13-1 [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Hand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 03 *Months,* 6 *Days.*

Color, W *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 326 Myrtle ave

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Apnoea.

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 10th 1878

J. R. Page M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David F. Brady

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Contractor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Montgomery Co Md.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } S. E. Corner Carey & Pratt

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Montgomery County Md.

Date of Burial, Aug 11 1878

Undertaker, J B Coale

Place of Business, No 707 W. Baltimore Street

Geo H. Dyster M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1153

No. 26950

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Slegle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Fire Man at Gas works

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berbem Germany

Duration of Residence in the City of Baltimore, about 25 Years

Place of Death, {Give street and number} # 731 Hanover St

Cause of Death, First, (Primary,) Hernia Strotal

Second, (Immediate,) Ileus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, B. Union Cem

Date of Burial, Aug 11th

Undertaker, J. Hale

Place of Business, 411 Lexington St

Dr. J. A. Beck M. D.
Medical Attendant.

Jos L. W. Dodge M.D.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

Date of Death, Augt 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Creamer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 248 S. Ann St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Augt 10 1878

Jas A Steuart M. D.
Medical Attendant

Undertaker, Weed & Sipes

Place of Business, S. Bond St *Address,* Comm of Health Thereon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

order by Dr. J. A. S.

No. 26952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26952

HEALTH DEPARTMENT
AUG 10 1878
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Slacum

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Six *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 242 Church st

Cause of Death, First (Primary,) Stomach (cancer)

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Augt 10 1878

Undertaker, Hercul Ross

Place of Business, Conway st

Julius Ball M.D.
Medical Attendant.

Address, Southern Hotel
47 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 26953

Board of Health, City of Baltimore,

Permit No. 26953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

AUG 10 1878 THE REGISTRAR BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Mitchell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67 *Years,* 10 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 166 N. Carline St.

Cause of Death, First, (Primary,) Obstruction of Gall-Duct

Second, (Immediate,) ~~Neuralgia of the stomach~~ Hepatic Colic

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 10th 1878

Undertaker, Fisher & Bro

Place of Business, Broadway

A. F. Erich M. D.

per Mrs. Erich Medical Attendant.

Address, 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26954

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverta Briscoe

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 144 Central Avenue

Cause of Death, First, (Primary,) Dyspepsia

Second, (Immediate,) Chronic Gastritis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 12th 78

Undertaker, Sheridan & Ricks

Place of Business, 61 [illegible] *Address,* Broadway

Wm. L. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Palmer Hays

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} # 98 N Calhoun St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) ____

Duration of Last Sickness, 7 Days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cem.

Date of Burial, August 11th 1878

Geo H. Layton M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address* Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Seberly

Sex, Male or ~~Female~~, { cross out the word not required in this line. } M

Age, 1 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 276 E. Ann St.

Cause of Death { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Aug 10th 78

Undertaker, Wm. France

Place of Business, 280 Canton Av.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ames

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 448 Eastern Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 11th /78

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm. L. Nevitt M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. E. Popp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 — *Years,* — 8 — *Months,* 10 — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 434 45 Eutaw

Cause of Death, {First (Primary,) Bilious Fever
Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Ridge Balto County

Date of Burial, Aug 12th /78

S. Hoyner M. D.
Medical Attendant.

{*Undertaker,* Leo Schilling
Place of Business, Ashland & Lynn *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The especial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single Widow Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England -

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 53 Fort Avenue

Cause of Death, First (Primary,) age -

Second (Immediate,) Senile debility

Duration of Last Sickness, ~~7 or~~ 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, August 10th 1878

Harvey Hill M. D.
Medical Attendant.

Undertaker, Edmondson ave,

Place of Business, Edmondson Ave. *Address* 119

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26960

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26960 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Brittain

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} /

Age, *Years,* 10 *Months,* 15 / *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 649 Penna Ave

Cause of Death, First (Primary,) Cerebral Irritation

Second (Immediate,) Spasms -

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 11th 1878 Chas E Sadtler M. D.

Medical Attendant.

Undertaker, Chas Sadtler

Place of Business, 644 & 646 Druid Hill Ave. Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

K SAFETY FILM

No. 26961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. Pickar

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 36 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 44 S. Calhoun

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Cancer of Uterus

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 11th August

J. R. McShane M. D.
Medical Attendant.

Undertaker, for B. Blackistone & Son

Place of Business, 60 W. Balto

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 26962

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26962

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Martin Washington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* 9 *Months,* — *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } — —

Occupation, — — — — — —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } — City —

Duration of Residence in the City of Baltimore, — P —

Place of Death, { Give street and number. } No 11 Stockton Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum 3 weeks

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 11 1878

Undertaker, D. W. Chase

Place of Business, 8 Howard bet. 1st & 2d

Wm. A. B. Sellman M. D.
Medical Attendant.

Address Carrollton Ave & Camden Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26963

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ryan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Alley's Ct

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Over one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 11th 1878

Undertaker, Charles Tufford

Place of Business, 170 Sharp Street

Last day ..... *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ross Hamilton

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married 8 years

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 28 Bolton St

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) Ulceration of Larynx & Fauces.

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 11 1878

Undertaker, John G. Jordan

Place of Business, 106 East Ave

H. Boyd Wylie M. D.
Medical Attendant.

Address, S.W. Cor Townsend and Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 26965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie E. Price

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 4. 162 Jefferson St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet Cem~~ Mt Olivet Cem

Date of Burial, Aug 11th 1878

Undertaker, Kirby & Denny

Place of Business, 162 Jeff St

_____ M. D.
Medical Attendant.

Address, 61 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beverly Bruce Morgan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co,

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 116 Ramsay St.

Cause of Death First, (Primary,) Hip Joint Disease - Morbus coxarius

Second, (Immediate,) Marasmus

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Aug 13th 1878

Undertaker, I N Cook

Place of Business, No 707 N. Baltimore Street *Address,* 538 W. Dayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 26967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Fowlkes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 60 Years, — Months, — Days.

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Wid

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 22 Maiden St.

First (Primary), Aneurism Abdominal Aorta

Second (Immediate),

Cause of Sickness,

Certificate should be furnished

Time of Burial, Aug 11 78

Undertaker, Gray

Place of Business, 44

Edmiston M. D.
Medical Attendant.

Address 57 N Calvert St

Act for the Registration of Births, Deaths and Marriages, and the Duties of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended him in his last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as practicable, the name, sex, age and condition (whether married or single) of the person deceased, and the cause of death; and also the births and deaths of illegitimate children.

[OVER.]

No. 26968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Volk

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 337 E. Eager st

Cause of Death, { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem

Date of Burial, 11th Aug. 1878

Wm. E. Russell M. D.
Medical Attendant.

Undertaker, Adam Flenk

Place of Business, 461 North Gay

Address, Broadway E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26969

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Catharine Poetter,

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* Twenty one *Days.*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 396 Eastern avenue.

Cause of Death, First (Primary,) Pertussis — Hooping Cough,

Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, 5th Green Rest St Paul Cmty

Date of Burial, August 11th

Undertaker, H. Frechlich

Place of Business, 246 Eastern av

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cooper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Lived here all

Place of Death, {Give street and number.} 70 S. Caroline St.

Cause of Death, First (Primary,) Inflamed Fever

Second (Immediate,) Trauma

Duration of Last Sickness, about four or five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, August 1st 1873

Undertaker Theodore Lacks

Place of Business, 56 Jefferson St

M. D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26971

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie E. Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 179 N. Caroline St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ———

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Schwartzs. Cemetery Craft Road

Date of Burial, August 12th 1878

Undertaker, Geo Schilling

Place of Business, Cor Monument & Asquith sts

J. G. Keller M. D.
Medical Attendant.

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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No. 26972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal Passer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 22 L Pratt St

Cause of Death {First, (Primary,) Congestion of the Lungs

Second, (Immediate,) 2 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Anne Arundel

Date of Burial, Sunday the 11. 1878

Undertaker, Jacob C. Davis 103

Place of Business, W Pratt St

Geo. W. Dixon M. D.
Medical Attendant.

Address, 44 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 26973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Schmidt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 41 Lancaster st.

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlatina Malijna

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonzes Cemetery

Date of Burial, August 11th 1878

Undertaker, Leonhard Feuss

Place of Business, S. Bond st. No 277

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

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Special Attention of Physicians is respectfully invited ... the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blundell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 233 Chesnut St

Cause of Death, {First (Primary,) Diarrhea - Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 11 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

T. E. Shatard M. D.
Medical Attendant.

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26975

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Mary Hart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} No. 92 Orleans St.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Overheated

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Aug 11th 78

Francis T. Dwyer M.D.
Medical Attendant.

Undertaker, Fitzpatrick

Place of Business, 54 & Broadway *Address* 10 S. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 26976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1878

Date of Death, Aug- 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant daughter of Joshua and Alice Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Stillborn *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} No. 88 Plumb Alley

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 12th

Undertaker, Hercules Ross

Place of Business, 25 Conway St

J. Tyler Smith M. D.
Medical Attendant.

Address, 263 E. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...City of Be... or will make returns of all Permit...

No. 26977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 11 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Siegmund

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, Twenty Nine *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hamburg Germany

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} # 19 Wickens av.

Cause of Death, First (Primary,) Typho Malarial Fever

Second (Immediate,) Premature Labor Triplets,

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 13 th 1878

Undertaker, D H Parkes

Place of Business, 66 Fred^k Av.

D G Smithman M.D.
Medical Attendant.

Address. # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maldfelde

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number} 536 Hanover. St.

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) ~~7 days~~ 7 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Lutheran Cem. Tripp Road.

Date of Burial, Aug 12th 1878

J. O. Honington M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Undertaker *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Undertakers in City of Baltimore will make returns of all Permits issued to them every Saturday of each week.

No. 26979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr A. Winter

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 178 Harford Ave.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Non inflamentary Diarrhoea

Duration of Last Sickness, On week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 12 th

Undertaker, H. D. Wiedefeld

Place of Business, 90 Gramont Av

Jno Burke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

26980

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace W. Robbins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* 7 *Days.*

Color, *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Near Hartford Conn.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number.} 365 Madison Ave, Balto.

Cause of Death, First (Primary,) ...

Second (Immediate,) Dumbilitis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 13th 1878

Undertaker, A. M. Jenkins Son

Place of Business, 16 Light St

Chas. L. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Brien

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* ~~—~~ *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 247 S. Ann

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'ty

Date of Burial, August 12th

Undertaker, H. Cochlin

Place of Business, 246 Eastern Av

J. Mathews M.D.
~~Medical Attendant.~~

Address, 245 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...teries in City of Baltimore will make retur...

No. 26982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Wm. Schuetz

~~Sex, Male or Female,~~ { cross out the word not required in this line. }

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower;~~ { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 304 Eastern Av.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Trinity C. Cem'ty

Date of Burial, August 12th

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return ... Permit

No. 26983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26983.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta A. Norman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 85 Frederick ave

Cause of Death First, (Primary,) Exhaustion

Second, (Immediate,) Summer Complaint

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 12 1878

Undertaker, John P. Paulus

Place of Business, 66 Fred Ave

James A. Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by, Jas. Vanorsdale

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 26984

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August tenth 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cyrus Gaulet Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40. *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Three Years.

Place of Death, {Give street and number.} 335. W. Lombard St.

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,) Phthisis Pulmonalis —

Duration of Last Sickness, Six Months —

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Aug 12 th 1878

Saml H. Henry M. D.
Medical Attendant.

Undertaker, Jos L. Loane

Place of Business, 568 W Balto st

Address 198. Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cem... in City of Baltimore will make returns of all ... Burials to the ... Saturday of each week

No. 26985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child ~~survived~~ died a few minutes after birth

Sex, Male or Female, {Cross out the words not required in this line.} Male Hughes

Age, ____ *Years,* ____ *Months,* 10 Minutes *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lombard & ~~Scott~~ Scott Sts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lombard & Scott Sts

Cause of Death, First (Primary,) " " "

Second (Immediate,) Prematur

Duration of Last Sickness, 10 m

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12th 1878

Undertaker, Peter Kimmert

Place of Business, 317 Mulberry St

Wm M Kemp M.D.
Medical Attendant.

Address, 55 Holyoke St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will

No. 26986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henson T. Hamilton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 153 York St

Cause of Death { First, (Primary,) / Second, (Immediate,) Consumption

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Aug 12 1878

Undertaker, Jo Sol Davis

Place of Business, 103 Lee St

Thos A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Filz [illegible] [illegible] [illegible]

No. 26987

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Three *Months,* — *Days.*

Color, Colored *Sex,* —

~~Married, Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} No 29 Union St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic cemet

Date of Burial, Augst 12th 1878

H. S. Bonie *M. D.*
Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, Corallen Ave *Address* Northwestern Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Normoyle

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, 55 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 35 years in U. S.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} City — Hospital

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Uraemia

Duration of Last Sickness, 2 Week.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, August 12. 1878

Undertaker, William Dunger

Place of Business, No 62 East Street

Wm Lombel M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries

No. 26989

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Julia M Grogan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston, Mass.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} Prall St. No 297. Balt.

Cause of Death, First (Primary,) Exposure & old.

Second (Immediate,) Congestion Chill.

Duration of Last Sickness, about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 13 1878

Wm H. Stokes M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Fleet St *Address* 141 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of ... shall make returns of all ...

No. 26990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12 M. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Gantzman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Very life

Place of Death, {Give street and number} 128 Henrietta St

Cause of Death, First, (Primary.) Acute Hydrocephalus.

Second, (Immediate.) ____

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 14 th.

Undertaker, Henry Bosle

Place of Business, Henriette St 81

P. L. H. Dall M. D.
Medical Attendant.

Address, Sharpe nor Bows

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 26991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1878

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Barrister

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Fireman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Chesapeake City Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 16 E. Howard St. (Res. 189 Tyson St.)

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Bronchitis Congestion of Lungs

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13 1878

[illegible] M. D.

Medical Attendant.

Undertaker, William J. Gray

Coroner

Place of Business, 25 Mulberry *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will

No. 26992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Goetzer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give street and number } 4 N Durham St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) & Apoplexy

Duration of last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Aug. 13th '78

Undertaker, H. France

Place of Business, 280 Canton Av

Address, 8 E Fayette St

C. D. Durham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keep[illegible] for Burial[illegible] Baltimore will make returns [illegible]

No. 26993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART AUG 13 1878 BALTIMORE

Date of Death, Aug 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Seaford.

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 54 *Years,* 4 *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife of Adam Seaford,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Purhassen Germany,

Duration of Residence in the City of Baltimore, Thirty Two Years,

Place of Death, {Give street and number.} Washington Road, Md Railroad,

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Mucous Meritis,

Duration of Last Sickness, Fifteen Days,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Augt 14th 1878

Undertaker, J B. Cook

Place of Business, 71 Balt St

John A. C. Kruse M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

in City

[OVER.]

No. 26994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

Date of Death, Aug. 12, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda May Rockwood

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, One *Years,* 4 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} #146 Orleans St.

Cause of Death, First (Primary,) Pertupsis & teething

Second (Immediate,) Pneumonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Aug. 14 1878

Undertaker,

Place of Business, 5 & 7 Hanover

Geo. A. Warnau M.D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26995

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

Date of Death, Aug 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mahnie McDermott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 184 Constitution

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Geo B Lynow M. D.

Medical Attendant.

Date of Burial, August 13th 78

Undertaker, Mr. Hickman

Place of Business, N. Gay St. *Address* 45 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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KODAK SAFETY FILM

No. 26996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane Laughlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 1 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Brune St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 13 th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynan

Samuel J. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Frank,

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, *Years,* 7 *Months,* 11 *Days.*

Color, White *Sex,* Female male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Patterson Park av.

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Aug 13th 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave.

Edward Franke M. D.
Medical Attendant.

Address 128 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 26998

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug- 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lin Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Ten *Months,* Ten Months *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 319 S. Howard St.

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Inanition

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13 1878

Undertaker, S. W. Chase

Place of Business, 19 S. Howard St

J. Tyler Smith M. D.
Medical Attendant.

Address, 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return of all Permits for Burials to the

No. 26999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel P. Washington

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty Seven *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Roanoke county Virginia

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 188 S. Howard St

Cause of Death, First (Primary,) Exposure et Phthisis

Second (Immediate,) Atrophy et Anasarca

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Sharps st Cemetery

Date of Burial, August 14 1878

Undertaker, S. W. Gross

Place of Business, 198 Howard st

T. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 27000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 12, 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Brown

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York City

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 133 Dover

Cause of Death, {First (Primary,) Cholera

Second (Immediate,) Infantum

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13 1878

Undertaker, J. W. Lemmon

Place of Business, 1988 Hanover

L M Cashman M.D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reece

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 262 Ann St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cem

Date of Burial, August 13th

Undertaker, [illegible]

Place of Business, [illegible]

Thomas J. Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27002

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Melvina Dable,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 16 N. Chester st.

Cause of Death {First, (Primary,)} Marasmus

{Second, (Immediate,)} Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Aug 14. 1878

Undertaker, William Frey

Place of Business, Broadway & Fayette st

G. H. Lusk M. D.
Medical Attendant.

Address, Balt. Md. 16

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27003,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

Date of Death, Augt 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles John Curtis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 112 Bugano Wharf

Cause of Death { First, (Primary,) — Phthisis
Second, (Immediate,) — 3 years —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Augt 13th 1878

Undertaker, P. Mullin

Place of Business, Conduga St *Address,* Comm of Health & Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E. Weinman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Woods

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 20 *Years,* 6 *Months,* ——— *Days*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 134 Cider al

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 13th of August

Undertaker, W. W. Madden

Place of Business, 335 N Howard

L M Eastman *M. D.*
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Seal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 months & 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 Biddle st

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Marasmus

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral *M. D.*

Date of Burial, August 14th 1878 John Dietz

Medical Attendant.

Undertaker, Chas. T. Scriven *Address* 261 Madison Ave

Place of Business, 297 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. J. Potts

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 6 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 39 Dillon St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 13 1878

Undertaker, Jas P Byrne

Place of Business, 63 Front

E. C. Jordan M.D.
Medical Attendant.

Address, 220 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Cornish

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, Ropes Diver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 1 Parish alley

Cause of Death { First, (Primary,) ——— / Second, (Immediate,) a blow on the Head from a Pitcher.

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 12 1878

Undertaker, Fred'k A Keelings

Place of Business, 50 S Carrollton

Geo C Ogle Coroner M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP
AUG
13
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Placide Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 98 S. Eutaw Street

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Asthenia

Duration of Last Sickness, about 21 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Aug 13th 1878

Ellis Mickeau M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address* No 68 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEP AUG 13 1878 BALTIMORE

Date of Death, August 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Christina Mary Teresa Shelter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Duche of Hesse (Germanie)

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} Home for the Aged Corner of John and Valley Sts

Cause of Death, {First (Primary,) old age / Second (Immediate,)}

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery Jno Brooke Boyle M. D.

Date of Burial, August 14th 1878 Medical Attendant.

Undertaker, C. F. Kroninger

Place of Business, 209 Hanover *Address* 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP
AUG
13
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Gough

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Bethel Court—

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13th.

J Shelton Hill *M. D.*

Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga St *Address* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPT. OF HEALTH AUG 13 1878 BALTIMORE

Date of Death, Aug 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles D. Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 91 Dallas n Gaine Enteritis

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dashiell's

Date of Burial, August 14th 1878

Undertaker, Ed J Locke

Place of Business, 50 Jefferson *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Herman Lachue

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} Fords Ave near Caledon Road

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,) Convulsions}

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sulphur Spring Road

Date of Burial, Aug 14th 1878

Undertaker, John S. Mosher

Place of Business, 150 Camden St

James Bosley M.D.

Medical Attendant.

Address, Cor Mulberry & Mount St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit ~~Transit Permit~~ Transit Permit No 1155 [OVER.]

Board of Health, City of Baltimore,

Permit No. 27013, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. H. Duffey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Male.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexander Va

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 94 ft Eutaw,

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery S. T. Coyner M. D.

Date of Burial, Thursday Augt 15th 1878 Medical Attendant.

Undertaker, Jams Bryne

Place of Business, 62 Front Street *Address* 62 Front Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Eden Thig

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 280 North Eden St Baltimore

Duration of Residence in the City of Baltimore, 2 days.

Place of Death, {Give street and number.} 280 North Eden Balt.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Spasms 2 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, August 14th 1878

Chas H Thompson M.D.
Medical Attendant.

Undertaker, Wm H Hitchcock

Place of Business, 234 W Gay St

Address, 15 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly If an Infant not named, give names of parents.} Mary L. M. Foster.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, one Month.

Place of Death, {Give street and number.} 456 E. Lombard St.

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)

Duration of Last Sickness, one Month,

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, August 15th 1878 Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Hughes & Lee

Place of Business, 65 S. Broadway *Address* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Seeny

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* 4 *Months,* 13 *Days.*

Color, African

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Fulton Alley

Cause of Death { First, (Primary,) Bronchial Phthisis & Bright's dis
Second, (Immediate,)

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, August 14th

P. Winslow, M. D.
Medical Attendant.

Undertaker, Wm W. Madden

Place of Business, 335 N Howard *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Kennedy

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 52 Hillman St,

Cause of Death {First, (Primary,) Cholera Infantum.
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Aug 14th

Undertaker, H. C. Wadefield

Place of Business, 90 Fremont St. *Address,* S. W. Colvin & Read St.

John F. Heinemann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C. Heaveyi

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 17 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 4 mos 17 days.

Place of Death, {Give street and number} 662 W. Pratt st

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Pats Cemetery

Date of Burial, Aug 14th 1878

H. L. Shain M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eager sts

Address, 379 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 /78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Evans

~~*Sex, Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,) Consumption

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery Jno. Brooke Bogle M. D.

Date of Burial, August 13 Medical Attendant.

Undertaker, Patrick Mullin *Address* 116 E. Eager St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 27020

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 13 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 60 E. Chapel St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Meth - Q

Date of Burial, Augt 14 " 1878

James H Stewart M. D.
~~Medical Attendant.~~

Undertaker, John H. Locke

Place of Business, Wolf St

Address Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd Geo E. Taylor

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last Clause of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Young, Female

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 2 *Months,* 22 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 1 year 2 mo. 22 da

Place of Death, {Give street and number.} 99 Pearl St

Cause of Death, {First (Primary,) Lothing & Chls Infth. Second (Immediate,) Meningitis 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, August 14th at 3 o'clock P.M.

Undertaker, Peter Schultheis

Place of Business, 151½ Mulberry St.

J. A. Gillis M.D.
Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lafmann

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 75 *Years,* 6 *Months,* 9 *Days*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, frame-manufacturer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N. 69 Amity Street

Cause of Death, {First (Primary,) Emphysema Pulmonum and

Second (Immediate,) old age

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, August 15th 1878

Undertaker, Chas. T. Bartlett

Place of Business, 24 N. Bath St

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27023,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lane Haney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, ~~2 years~~ Always

Place of Death, {Give street and number.} 112 Sterling st

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud County

Date of Burial, August 14

Undertaker, Charles Wade

Place of Business, 35 Gran Barry

John H Conner M. D.
Medical Attendant.

Address 286 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Williams

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 7 *Months,* ~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} Plumb alley, between Hamburg & Camden

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) ~~2 hours~~

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cem

Date of Burial, Aug. 13th 1878

Undertaker, F. A. Kirchner

Place of Business, 50 Carroll ave

_____ M. D.
~~Medical Attendant.~~

Address, Comm. of Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles King

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Laborer,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Aug 14 1878

Undertaker, Fred'k Keelins

Place of Business, 50 S. Carroll ave *Address,*

J. L. Lovell M. D.

Resident Physician. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 913 W. Balto St

Cause of Death, First, (Primary,) Hemitetanus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Augt 15th 1878

Undertaker, Blackwood & Son

Place of Business, Balto St

To be Substituted by Dr Reynolds M. D. ~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Reisz (Reisz)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 74 *Years,* 6 *Months,* / *Days.*

Color, W. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 82 Forest St Baltimore

Cause of Death, {First (Primary,) Hydrops Senilis

Second (Immediate,)

Duration of Last Sickness, 1. Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15th

{*Undertaker,* Ulrich Schmeltz

Place of Business, 263 Eager St. *Address*

John M. Ph Scott M. D.
Medical Attendant.
N. 88 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 27028

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} Wash St near Ledenhall

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia 2 days

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, August 15th

Undertaker, Hercules Boss

Place of Business, 25 Conway St

Gordon Cox & L M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Elizabeth Parry

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 5 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 282 N Central Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cemetery

Date of Burial, Friday 16th 78 Aug

Wm. Whitridge M.D.
Medical Attendant.

Undertaker, Hen Loeckhoff

Place of Business, 238 N Central Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
15
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 3 *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 N Front St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo Reynolds M. D.

Date of Burial, Augt 14th 1878 Medical Attendant.

Undertaker, A. Waymare *Address* 43 N. Calvert St

Place of Business, 13 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Romana Eicke

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, Thirty seven *Years,* ——— *Months,* twenty five *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Maryland

Duration of Residence in the City of Baltimore, Twenty Eight Years.

Place of Death, {Give street and number.} 199 Dolphin St Baltimore Md.

Cause of Death, First (Primary,) Cauliflower Cancer

Second (Immediate,)

Duration of Last Sickness, ~~Three months and seven days.~~

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters cemetery

Date of Burial, August 15th

Undertaker, Mr Henry Mears

Place of Business, Gay St near Frederick St.

W. T. Howard M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Davidson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 511 Harford Ave

Cause of Death, First (Primary,) Was affected with heart disease Inbd for some time

Second (Immediate,) Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15th 1878.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

H. B. Billingslea M. D.
Medical Attendant.

Address Harford & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27033,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 15 1878 BALTIMORE

Date of Death, 13 August

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Georgianna Co

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* × *Months,* × *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 N. Durham st.

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,) Abscess

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Md.

Date of Burial, August 15th/78

Undertaker, Theodore J Locks

Place of Business, 56 Jefferson St

B. F. L[illegible] M. D.
Medical Attendant.

Address 26 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine V Kelleher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 57 - *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 62 Thames St

Cause of Death, {First (Primary,) Chronic Diarrhea

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 16 1878

Undertaker, James & Byrne

Place of Business, No 63 N Front St

Gerhard Bibbes M. D.
Medical Attendant.

Address 49 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 27035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 15 1878 BALTIMORE

Date of Death, August 14 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Horan

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ———

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 202 Chestnut St

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, August 16 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Butler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 14 *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 117 Harmony Lane

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 117 Harmony Lane

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15-1878

Undertaker, Wm. H. Dunger

Place of Business, No. 11 Stockton Aly

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Moberg

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* ~~Days~~

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 594 W. Lombard St

Cause of Death, {First, (Primary.) Whooping Cough

Second, (Immediate,)

Duration of last Sickness, Four (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 16th 1878

Undertaker, I D Cook

Place of Business, No 707 W Baltimore Street

A. L. Green M. D.
Medical Attendant.

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH AUG 15 1878 BALTIMORE

Date of Death, Aug 15 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Roderick

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {~~Cross~~ out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brushmaye Washt Co. Md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 18 ~~Holy~~ Eadhaw

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Aug 17th 1878

Undertaker, I B Cook

Place of Business, No 707 W Baltimore Street

L M C Eashman *M. D.*
Medical Attendant.

Address, 814 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 15 1878 BALTIMORE

Date of Death, August 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Workman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 2 8 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Born

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months & 28 days

Place of Death, {Give street and number.} 80 Henrietta Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Scrofula Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemetery

Date of Burial, August 16th

Undertaker, B. Hale

Place of Business, 411 Light St

E. K. Wiley M. D. Medical Attendant.

Address 252 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Smith~~ Burke

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 161 Johnson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, B. Protestant Cem'y.

Date of Burial, Aug 16 78

Medical Attendant. *M. D.*

Undertaker, B Keely

Place of Business, 141 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27041,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Trusty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, ~~w~~

Sex, Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 103 L Bethel Ln

Cause of Death, {First (Primary,) Pneumonitis

{Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Dalls Caving

Date of Burial, August 15

Undertaker, Charles White

Place of Business, 35 Gorsuch St

H. T. Reynolds, M. D.
Medical Attendant.
per W. H. T.

Address Dignith-Gr near Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 27042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months,* - *Days.*

Color, *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 17 Dillon St

Cause of Death, First (Primary,) Syphilis Congenital

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, August 15

Undertaker, Harry W. Hill

Place of Business, 35 Union St *Address* 241 So Broadway

W. W. White *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15-th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melenda Schmidt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No — Belair Ave

Cause of Death, {First (Primary,) unknown / Second (Immediate.)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy Ellis Hitchcock *M. D.*

Date of Burial, aug 16 1878 Medical Attendant.

Undertaker, John P. Faulkner *Address* Cor Sharp & Lee sts

Place of Business, Fred ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Coates

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 19 Hunter St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, August 15

Undertaker, Jacob Davis

Place of Business, 10 Fleet St

J. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 84 Church st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 60 Hughes st

Cause of Death, First (Primary,) Chol Infantum

Second (Immediate,)

Duration of Last Sickness, five Days

All the above information should be furnished by the Physician.

Place of Burial, Harpers

Date of Burial, July 16th 15th

Undertaker, Jacob Davis

Place of Business, 103 Lee st *Address* 260 South Eutaw st

J V Shutt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found Aug 15. Unknown 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unknown

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* about 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} unknown. found in Cathedral Cemetery

Cause of Death { First, (Primary,) unknown. Natural cause
Second, (Immediate,) unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Aug 14 th 1878

Geo C Gyle Coroner M. D.
Medical Attendant.

Undertaker, Fred A Kuehnen

Place of Business, 503 E Carroll Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Phillips

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, about 25 *Years,* *Months,* *Days.*

Color, Dark Brown *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, All life,

Place of Death, {Give street and number.} 44 Guilford st.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14th 1878

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

John Dickens M. D.
Medical Attendant.

Address 251 Madison Ave.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...or Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Lueker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} 51 Bond St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Cancer

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Dist. Cem'y

Date of Burial, August 17th

Thos. Cook M. D.
Medical Attendant.

Undertaker, B. Hart

Place of Business, 411 Light St. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

Date of Death, Augst 14. 78 — Mary Hardiman

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 56½ York st

Cause of Death, First (Primary,) General Debility

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug. 16. 1878 H. M. Welch M.D.

Medical Attendant.

Undertaker, Chas. S. Scriven *Address,* 57 Barre

Place of Business, 56½ York St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E. Hofstetter

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years~~ 9 *Months,* 17 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 Fayette

Cause of Death, {First (Primary,) Nervous Prostration

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 16th of Aug

Undertaker, D. Kinnamert

Place of Business, 317 Mulberry St.

Louis Chs Kann M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No: 27057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Fox

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 262 S Eutaw St

Cause of Death, First, (Primary,) Metritis

Second, (Immediate,) Pneumonia, Peritonitis & Pleurisy

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 17th

Undertaker, Henry Bricle

Place of Business, Howard St 81

Gordon Coale M. D.
Medical Attendant.

Address, 116 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ard of Health, City of Baltimore

27052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Hearel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County Md.

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and number.} 59. Elliott St. — Canton.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, August 16th 1878.

Undertaker, A. M. Gibmeyer

Place of Business, No. 341 Canton Ave.

E. H. Janney M. D.

Medical Attendant.

Address Baltimore & Bridget St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27053

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or her, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Grunhopf Hansen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* about 3 *Months,* ——— *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 276 Saratoga St.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 17 Argyle Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus.

Duration of Last Sickness, ~~Dropsy~~ life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Alfred Hughes M. D.

Date of Burial, August 16th 1878 Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st *Address* 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ificate.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27054

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 14 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harris

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widowed or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Beals Court

Cause of Death {First, (Primary,) Dropsy / Second, (Immediate,) Heart Disease

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Augt 16 " 1878

Undertaker, C. A. White

Place of Business, Granby St.

James A Steuart M. D.

~~*Medical Examiner.*~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27055

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta K. Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during her lifetime

Place of Death, {Give street and number.} 78 N. Poppleton St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, years probably - Only in attendance two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. H. Wilson M. D.

Medical Attendant.

Date of Burial, Aug 17th 1878

Undertaker, Andrew Lilly

Place of Business, 1182 Russell St Address 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 27056,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Aug 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie V Kearney

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 151 N Calvert St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Burial

Date of Burial, 19th August 1878

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light St

H D Murdoch M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27057

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magee

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 95 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 71 Years

Place of Death, {Give street and number.} 266 E. Lombard St

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery E. J. Sons M.D.

Date of Burial, August 18th 1878 Medical Attendant.

Undertaker, Hughes & Co *Address,* 406 E. Baltimore St.

Place of Business, 65 & 67 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27058

ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or , if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 16 1878

CERTIFICATE OF DEATH.

Date of Death, Augt 14 " 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella McNelly

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 10 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 10 Rock St

Cause of Death { First, (Primary,) Premature Birth (7 mos

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem's

Date of Burial, Augt 16" 1878

James A Lewis M. D.
~~Medical Attendant.~~

Undertaker, I. B. Cook

Place of Business, 707 W. Balto *Address,* City Hall

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Tarsan

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27059

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

Date of Death, Aug 15 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia E Sebastian

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 2 y *Months,* Two *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 510 Fremont Ave

Cause of Death, { First (Primary,) Indigestion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 1878

Undertaker, Thos S Hughes

Place of Business, 411 E. Balto *Address* Cor Pony & Belmont Sts

H. Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE.

Date of Death, Aug. 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Ritchie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, Months, 8 Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Tyson St

Cause of Death, {First (Primary,) Grianus Nasemium

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. W. Cathedral

Date of Burial, August 17th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

P. L. Lindsay M. D.
Medical Attendant.

Address, 159 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mary Benning

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* 24 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 160 Chestnut

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, During Entire

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Aug 16

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

D W Cathell M. D.
Medical Attendant.

Address, 2 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M Moran

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 25 N Mount 31.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.y Md. C. Duncan, *M. D.*
Medical Attendant.

Date of Burial, August 18th 1878

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St *Address* 680 W. Fay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15 A/8.78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis R Helder

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 78 S. Central Av.

Cause of Death {First, (Primary.) Second, (Immediate,)} Accident- Drowning

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 18

Sherbert F Mansfield M. D.
Medical Attendant.

Undertaker, Wendelin Diffel

Place of Business, S. Bond St. 15 *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R. Reinhart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 8 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 318 Park Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 48 hours

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 17th 1878

P. C. Williams M.D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14. '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Leach

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 56 *Years,* 8 *Months,* 11 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} # 32 N. Caroline St.

Cause of Death, First (Primary.) Chronic Bright's Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, Confined to bed for 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Aug 17 '78

Undertaker, Fry & Zile

Place of Business, 54 N. Broadway

Geo. A. Marlman M.D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. McCuncan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Thirty Years, — Months, Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cattle Dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Penna.

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} # 968 W Baltimore St.

Cause of Death, {First (Primary,) Intemperance —

Second (Immediate,) —

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 18th 1878

Undertaker, Jno. P. Pauley

Place of Business, 66 Fred'k Av.

J. G. Smithcum M.D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } S. Tucker

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, August 18th

..... *M. D.*
Medical Attendant.

Undertaker, H. Lockwood

Place of Business, 246 Eastern Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27068

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm McFaul

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 13. *Years,* 2. *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 103. S. Bond St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, August 18 1878

Undertaker, Wm. Mortimer & Stewart

Place of Business, 179. S. Bond St. *Address,* 94 S. Broadway.

Aug. St. Enoch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug't 17 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wm Thomas (Parent)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* One hour *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 Bank St

Cause of Death { First, (Primary,) Second, (Immediate,) } Asthenia Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem'y

Date of Burial, Aug't 17 1878

Undertaker, Wm Thomas

Place of Business, 76 Bank St

James A Steuart M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bro Edmund Kelly

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 11 *Years,* 10 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Single, Widow or Widower~~

Occupation, None Wife of Edmund Kelly.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, {Give street and number.} 152 W Baltimore St

Cause of Death, First (Primary,) Strangulated Umbilical Hernia.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 18th 1878

Undertaker, J R Cole

Place of Business, No 707 W Baltimore Street

John J. Lloyd M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Kull

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Belair and Hoyt Streets

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 19th 1878

Undertaker, Henry Hoeck

Place of Business, 307 W. Baltimore St.

C. E. Buddenbohn M.D.
Medical Attendant.

Address, 166 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michl. Joseph. Doyle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 149 Elliott St.

Cause of Death First, (Primary,) Ivanition

Second, (Immediate,) ...

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Aug. 18th 1878

Undertaker, H. A. Dager

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27073,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

Date of Death, August 16th 3 P.M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth Nuthall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 467 E. Lombard St

Cause of Death, First, (Primary.) Congestive Chills

Second, (Immediate.)

Duration of last Sickness, Since Sunday Aug 11th 1878

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 17th 1878

Undertaker, M. A. Barger

Place of Business, 744 S. Broadway

Lewis E Durell M. D.
Medical Attendant.

Address, 292 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Johnson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 97 Chesnut St

Cause of Death, {First (Primary,) Ovarian Tumor & Dropsy; Second (Immediate,) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev Cemetery

Date of Burial, Aug 17 1878

Undertaker, William Mowry

Place of Business, No 62 East Shet

Saml J Bell *M. D.*
Medical Attendant.

Address, 84 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vetle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Pearl St

Cause of Death, {First (Primary,) Meningites
Second (Immediate,) Effusion

Duration of Last Sickness, 18 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 18th of August

Undertaker, John Teufel

Place of Business, 616 west Balto st

J T Knight M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Forty Two *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 10 Ten Years

Place of Death, { Give street and number } 32 Fort Avenue Street

Cause of Death, First, (Primary.) Consumption of the Bowels

Second, (Immediate,) Exhaustion (Marasmus)

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Aug 18th

Undertaker, Geo Schilling

Place of Business, Ashland Square

No Fellow M. D.
Medical Attendant.

Address, Fort Avenue Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Morrell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} & Plum alley

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17th 1878

{ *Undertaker,* Jacob Davis
Place of Business, 103 Lee St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

Date of Death, Aug 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magie Diehl

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2/4 *Years,* 6 *Months,* ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Shakespear Str

Cause of Death, {First (Primary,) ... 2 Th Thrush Pulmonum

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 19

{*Undertaker,* Lawrence Henry

Place of Business, 277 S Eutaw Str

A Aranson M.D.
Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Leonard Kurtz

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15. 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Mackins

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md. (Dorchester Co)

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 196 Montgomery

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Aug 21 st 1878

Undertaker, Smith & Denny

Place of Business, 260 Light

H H Welch M.D.
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 1158

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th Aug

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 19 Morris St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Morris St-

Cause of Death, {First (Primary,) Chlorosis Infantum

Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, August 19 1878

{*Undertaker,* Jos. C. Jones

Place of Business, No 65 Fort St

M K Warner *M. D.*
Medical Attendant.

Address No 8 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 14 *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widowed~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 mos 2 wks

Place of Death, {Give street and number.} 65 Jenkins Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Inanition

Duration of Last Sickness, 2 mos. 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18 1878

Undertaker, [redacted] & Gordon

Place of Business, 63 Park Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

...Commissioners of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD AUG 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Cassens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 15 *Days.*

Color, Colored *Sex,* Fem.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} X Bruce St

Duration of Residence in the City of Baltimore, 3 Bruce St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery *Brd C Quinn* *M. D.*

Date of Burial, Aug 18 Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 680 N Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna B. McDermott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1844

Place of Death, {Give street and number.} Constitution

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug. 18th 1878

{*Undertaker,* Wm H. Hickman

Place of Business, Guy 21

Geo B Reynolds *M. D.*
Medical Attendant.

Address 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Connell

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {~~Cross out the word not~~ required in this line.}

~~Occupation,~~ ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 125 Russel St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 125 Russel St

Cause of Death {First, (Primary,) Meningeal fever
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Aug 18th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Eichert

Geo. H Benson M. D.
Medical Attendant.

Address, 18 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Eilts

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 6 Broad Alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, August 18th

Undertaker, H Foehlich

Place of Business, 246 Eastern Av

L C Winternitz M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall dis in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1878

CERTIFICATE OF DEATH.

Date of Death, Aug. 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Benjamin W

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Eight 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1 Gallow's Ct.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Marasmus

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, August 18th 1878

Undertaker, H. M. Gilbert & Son

Place of Business, 341 Canton Ave.

Address, ____

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1878 BALTIMORE

Date of Death, Aug 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schultz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Fifty Eight *Years,* *Months,* *Days*

Color, W. M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 17 Orleans St

Cause of Death, {First (Primary,) Bowel Trouble

Second (Immediate,) Death in Consequence of the same,

Duration of Last Sickness, about six days

All the above information should be furnished by the Physician.

Place of Burial, Ballo (Cemetery)

Date of Burial, Aug. 19, 1878.

Undertaker, J. F. Rodiney

Place of Business, 97 Orleans St

Milton Adams M.D.
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ethel Curtis

Sex, ~~Male or~~ Female, {Cross on the word not required in this line.}

Age, ——— *Years,* 18 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 62 Pine St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) 2 months Through & did not see it until night of 15 Aug. 11 1878 Parents went out of the room & was told that was thought to be dying

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18. 78

Undertaker, S. W. Shore

Place of Business, 1785 Monument

J. Clarke M. D.
Medical Attendant.

Address 1036 Lexington
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish the Undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27089

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Sappington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} 51 State St.

Cause of Death, {First (Primary,) Old age / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19 1878

Undertaker, Samuel W Chase

Place of Business, 183 Howard St

Wm. S. Lockwood M.D.
Medical Attendant.

Address Balt. Gen'l Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Burs

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Little St.

Cause of Death, First, (Primary,) Teething

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem.

Date of Burial, Augt. 18th 1878

Undertaker, H. A. Perchmen

Place of Business, 50 Carroll Ave

James A Lemmon M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Douglas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* ~ *Months,* ~ *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 47 L. Church St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Aug. 18th 1878

Undertaker, Wm H. White

Place of Business, 35 Granby St

James A Steuart M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Edelmann

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE AUG 18 1878

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Burbaum

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 235 W Lombard st

Cause of Death, First (Primary,) .....

Second (Immediate.) Pneumonia Supposed Cold Cong

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew } Cond't

Date of Burial, Aug 19 th 1878 } ..... *M. D.*

Medical Attendant.

Undertaker, Mrs Eilers } *Address,* .....

Place of Business, 101 Gough st }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1878 BALTIMORE MD

Date of Death, Augt 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Ash

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 55 Franklin St

Cause of Death First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Augt 18th 1878

Undertaker, H. W. Mears

Place of Business, 45 N Gay St

[illegible], M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 10 *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 196 S. Bethel St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, August 16th 1878

Undertaker, Sheldon Jacobs

Place of Business, 5 E Jefferson St

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46 #27095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} No 46 Chestnut Alley

Cause of Death, First (Primary.) Unknown

Second (Immediate.) Dysenteria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 18th 1878

Undertaker, Wm N. Dungle

Place of Business, No 10 Stocktonally

B F Bohm M.D.
Medical Attendant.

Address Cor Dolphin & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Lechler

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Basket Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Minbach Baden Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} Fort Ave.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) " "

Duration of last Sickness, Went to bed Sept 1st

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, August 20th

Saml Dale M. D.
Medical Attendant.

Undertaker, Dale

Place of Business, Baltimore

Address, 151 E. Stark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* 9 *Months,* ..... *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 3 South Dunham St

Cause of Death, First, (Primary.) Apoplexy &c.

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alfonsos Cemetery

Date of Burial, Augst 18th 1878

Undertaker, Theodore J. Locke

Place of Business, 316 Jefferson St

D Webster Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hoyt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Cemetary Lane, Glendy

Cause of Death, {First (Primary,) / Second (Immediate,)} Dentition

Duration of Last Sickness, three months -

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 20th

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. W. White, M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th August 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jenny Parkhurst

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E. Pratt St. Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 E. Monument St.

Cause of Death, {First (Primary,) Scarlatina. Angina maligna
Second (Immediate,) Pneumonia. Marasmus.

Duration of Last Sickness, was under my attention from the 9th of Aug.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 19th

{*Undertaker,* Geo Schilling
Place of Business, Ash Land Depot

A. R. V. Irme M. D.
Medical Attendant.

Address N 116 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, august 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Dupré, in religion Sister Constance of St. Joseph

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Little Sister of the Poor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bouière near Laval (France)

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor. Corner John and Valley Sts

Cause of Death, First (Primary,) ....

Second (Immediate,) Consomption

Duration of Last Sickness, ten months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial,

Undertaker, Henry Schultheis

Place of Business,

Jno. Burke Boyle M. D.
Medical Attendant.

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 19 1878

CERTIFICATE OF DEATH.

Date of Death, aug 17. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura. V. Justice,

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Two *Years,* Ten *Months,* Fourteen *Days.*

Color, White *Sex,* Female,

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 yrs. 10 mo. 14 days

Place of Death, { Give street and number. } No 8. Diamond St. City.

Cause of Death, { First (Primary,) Diphtheria, / Second (Immediate.) Asthenia, }

Duration of Last Sickness, —— Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, August 19th 1878

Undertaker, Chas T Scrimger

Place of Business, 271 N Eutaw st

L. H. Nixon M. D.
Medical Attendant.

Address N.E. Cor. Fayette & Paca.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude Brannan

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* 8 *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 316 Eastern Ave.

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Meningitis.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Agles, B. Ground near Mt. Carmel Cem

Date of Burial, Aug. 19, 1878

Undertaker, H. A. Dayer

Place of Business, 94 S. Broadway

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Franklin Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 70 Fort Ave

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) "

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 19th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Jas A Bell M. D.
Medical Attendant.

Address, 161 Shurp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Lovell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1 hs 12 Bowly st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 Aug 10 Oclock

Undertaker, Geo. G. Rodenmayer

Place of Business, 3 & Eutaw Pl

Wm. L. Russell *M. D.*
Medical Attendant.

Address, Broadway & Madison Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Kohlberg

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days*

Color, Wh.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 N. Bond

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Eclampsia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, August 19

{*Undertaker,* Fred. Goede / *Place of Business,* No. 29 S. Caroline St

J. Mitchell M.D.
Medical Attendant.

Address, 1744 N. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878

CERTIFICATE OF DEATH.

Date of Death, Aug 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Zeman Son of Michael

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 731 N. Baltimore St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 20 Aug

Undertaker, J. B Cobb

Place of Business, 707 N Balto

S. H. Hunt, M. D.
Medical Attendant.

~~Address,~~ 731 N. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie A. Mowden

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, / *Years,* *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Richmond Ave

Cause of Death, First (Primary,) Dentition,

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 20 Aug

Undertaker, J B. Coole

Place of Business, 707 W Balto st

John L. Rhea M.D.
" Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17. 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W Fred A Waters

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~Years~~ 19 *Months,* X *Days.*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 726 W Pratt

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate,) Pulmonary Complication

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wyhn Cemetery

Date of Burial, Aug 19

Undertaker, J B Cook

Place of Business, 707 West Balto

H. Hyde Keech, M. D.
Medical Attendant.

Address, 223 Franklin ~~53 N Gilmor~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27109

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis P. Murphy

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md —

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 48 Harford Ave —

Cause of Death, First (Primary,) Croup —

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug. 19th 1878

Silas H. Hunter M. D.
Medical Attendant.

Undertaker, J. Bryant

Place of Business, Front St Near Low St

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kourt

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* *10* *Months,* *10* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1414 E. Monroe St.

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug 19th 78

Undertaker, W. France

Place of Business, 280 Canton Ave

R. Williamsfield *M. D.*
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Endsley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 166 S. Madeira Alley

Dentition

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 19th 1878

Geo. H. Shaw M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 27112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Trautwein

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Trautwein

Age, Years, 10 Months, 11 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Cho Fluvanna Co.

Duration of Residence in the City of Baltimore, 10 Mo 11 days

Place of Death, { Give street and number. } 742 W Pratt St

Cause of Death, { First (Primary,) Dentition, Second (Immediate,) Congestion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Bap. Ev. Luth St. Matt. Congregation

Date of Burial, Augt. 18th 1878

Undertaker, Wm A. Miller

Place of Business, 239 Hollins St

Wm F. Larkin M. D.
Medical Attendant.

Address No 782 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~William H Ball~~ William H Cole

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* — *Months,* 5 *Days.*

Color, Col *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 298 Hanby St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 298 Hanby St

Cause of Death, First (Primary,) Con Pulsion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Aug. 19th 1878

Undertaker, F. A. Kirchner

Place of Business, 50 Carroll

A. T. Shutty M. D.
Medical Attendant.

Address 260 South Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No 27114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th August. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna Ullersberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Munich (Bavaria)

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} N° 14 Ridgely St.

Cause of Death, First (Primary,) Consumptio Pulmonum

Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. *Medical Attendant.* L. R. V. Irmand.

Date of Burial, Aug 20th 78

Undertaker, John Teufel, *Address* N° 176 Lisguith St.

Place of Business, 616 west Baltr. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H. Brewer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 13 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53 Josephine St

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 20 1878

Undertaker, S. H. Chase

Place of Business, S. Howard St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Fitzpatrick

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 933 Orleans St.

Cause of Death, First (Primary,) Pseudo membranous Laryngitis

Second (immediate,) Abscess

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 20th 1878

E. F. Leonard *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 658 Broadway *Address* 261 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2717

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Spangler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sgt City Police,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 13 Etting St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, 9 mos under my charge,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 20.

{*Undertaker,* L H Blizzard

{*Place of Business,* 207 Pac

A. C. Fox. M.D.
Medical Attendant.

Address 82 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27118

27118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scarborough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} Union B. Infirmary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Aug 20

Undertaker, R H Blizzard

Place of Business, 201 Lemmon

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27119

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Aug. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Theis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 2 *Months,* 28 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illenrathe Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Saint St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age & Apoplexy

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, Aug 21st at 3 o.clock

D. M. Hewson M. D.
Medical Attendant.

Undertaker, John Schultheis

Place of Business, 159½ Mulberry st *Address* 120 Saint St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 27120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Reich

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 68 *Years,* 10 *Months,* 10 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 27 Conway

Cause of Death, {First (Primary,) Stenosis Ventriculi

Second (Immediate,) Cancer

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md.

Date of Burial, 20 August 1878

J. Pellerawell M.D.
Medical Attendant.

Undertaker, George Lamborn

Place of Business, 38 & 40 W. Pratt St. *Address,* 33 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 27121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19. August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug. 21 1878

Undertaker, Samuel Brown

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 508 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1878 3 x 30 Am.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bolton

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~ Male

Age, ~~1~~ *Years,* *Months,* Jan 10 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Fells Pt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 5 Hawk St

Cause of Death, { First, (Primary,) By 20 miles ? Second, (Immediate,) Enteritis

Duration of last Sickness, six (6) Month

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetary

Date of Burial, August 20 1878

Undertaker, James P. Byrne

Place of Business, No 63 n Front St

N. G. Keerle M. D.
Medical Attendant.

Address, Bolton Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 27123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 303 N. Durham St

Cause of Death {First, (Primary,) Inanition

Second, (Immediate,) Lepra

Duration of last Sickness, 1 1

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Augt 19 1878 James A Steuart M. D.

~~Medical Attendant~~

Undertaker, Chas E Wack

Place of Business, Irony St *Address,* Corner of Hall Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Permit No. 27124

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Virginia Lackey Cooksey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md W/W

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} No 890 W Lexington

Cause of Death, First (Primary,) Phthisis Stomach Schirrus

Second (Immediate,)

Duration of Last Sickness, the year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 19th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

S H Williams M. D.
Medical Attendant.

Address 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27125 — OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Moloch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 222 Hanover st.

Cause of Death {First, (Primary,) ..... Diptheria

{Second, (Immediate,) .....

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20th

{*Undertaker,* H. Kelly & Ross

{*Place of Business,* 95 Conway St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27126

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu-* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec- sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, August 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sweet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy One *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter & Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} No 238 Augusta St

Cause of Death, First (Primary,) Scirrhus of Stomach

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 20 1878

Undertaker, Henry Hook

Place of Business, 309 N Eutaw St

C. L. Nathan *M. D.*
Medical Attendant.

Address 138 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 27127

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Williams

Sex, Male or Female, { cross out the word not required in this line. } —

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 533 Light St

Cause of Death, First, (Primary,) Pneumatic Diff

Second, (Immediate,) Anasarca

Duration of last Sickness, Since 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem'y

Date of Burial, Aug 20th 1878

Undertaker, Dmitry & Denn

Place of Business, 263 Light St

Theodore Cook M. D.
Medical Attendant.

Address, 12 E Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27128 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 20 1878 BALTIMORE

Date of Death, August 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Bians

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 32 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} No 119 Montgomery St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ...

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Clue Cemetery I. C. Church

Date of Burial, Aug 20 78

Undertaker, Armstrong & Perry

Place of Business, No 260 Light St

Address 151 Hanover St

M. D.
Medical Attendant.

Written for Dr A. N. Jackson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27129

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as soon as filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, August 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 35 S. Bethel St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Acute Inflammation of the Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, August 20th 1878

Undertaker, Wm J Locke

Place of Business, 1 E Jefferson St *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 27130

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Salzer

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 234 Huntingdon Ave

Cause of Death, { First, (Primary,) Marasmus Enteritis
Second, (Immediate,) Diarrhea

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, August 20

Undertaker, John Lancaster

Place of Business, Harford Ave

Edward Cook M. D.
Medical Attendant.

Address, 1005 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27131

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 20 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ward

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 237 Cross St

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Augt 21 1878

Undertaker. F. H. Kerchner

Place of Business, Cor Calhoun

Julius Dale M.D.
Medical Attendant.

Address, Southern Dispensary
7 Dill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 27132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE.

Date of Death, Aug 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ___ *Years,* 6 *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Hammond Alley

Cause of Death, First (Primary,) Neglect

Second (Immediate,) Intus Colitis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Aug 20th

Undertaker, M. Smith

Place of Business, 35 Bond St, *Address* 210 N Broadway

W. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27133 # 27133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August ~~July~~ 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Henry Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Towsontown Md

Told by sister Elizabeth Brown that the parents not related nor epileptic. All of the children (8) have had epilepsy from childhood. 2 dying in an attack, 1 of 8 mos, 1 at 2 years epileptic. 3 living epileptic & the deceased.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Ground Foot of Broadway (at 75 Spring St

Cause of Death, First (Primary,) Epilepsy, in a fit fell overboard & was

Second (Immediate,) Accidentally drowned

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Augt 20 1878

Edmund R Walker M. D.
Medical Attendant.

Undertaker, P. Mellichez

Place of Business, Caroline St Address Coron Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27134 *27134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, Aug 19th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kenderzjesski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany. 4 mos.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 321 Alice Anna

Cause of Death, {First (Primary,) Cholera Infantum.

{Second (Immediate,) ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 20th

Undertaker, Wendlime Dippel

Place of Business, 151 Bond St

John H. Rehberger M.D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITA

Permit No. 25135

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, Aug 20. 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Halpin

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 Forest Place

Cause of Death, First (Primary,) Ezema

Second (Immediate,) Brain trouble

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery *Medical Attendant.* Geo Rutledge M. D.

Date of Burial, Aug 21 st

Undertaker, H. C. Wiedefeld *Address* 57 Aisquith St

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 27136

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG
20
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Crone

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Basin, near Foot Hughes St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Drowned

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 21 "

Undertaker, Franklin Dihl

Place of Business, Bond 1510 *Address,* Hanover & Barre sts

R. C. Lee M. D.
Coroner S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL

Permit No. 27137 #27137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, August 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Magee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Sterling St

Cause of Death, {First (Primary,) Hemiplegia / Second (Immediate,) Senile Degeneration

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 21st 1878

Gustav Bibbo M.D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27138 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

Date of Death, Aug 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Wood

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Most of life

Place of Death, {Give street and number.} No 74 Hanford Ave

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 21st 1878

{*Undertaker,* L P Byrne

Place of Business, Front st}

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 27139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, August 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew H. Kenny

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5-8 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number} 61 Church Ct

Cause of Death { First, (Primary,) Cancer of the throat (Epithelioma)
Second, (Immediate,)

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 21 1878

Undertaker, James P Byrne

Place of Business, No 63 n Front St

Edward Pudenit M. D.
Medical Attendant.

Address, 157 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 27140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if [illegible] so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, Aug 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Elizabeth Schildt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Yeasly Years, Six Months, Four Days.

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, [illegible] Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 33 Cordelia St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Hemorrhage from bowels

Duration of Last Sickness, About twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Elias C Price M. D.

Medical Attendant.

Date of Burial, August 22nd 1878

Undertaker, John N. Weaver Address 262 Madison Ave

Place of Business, #22 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 27141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, August 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Braxton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* 11 *Days*

Color, Mulatto,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} × 67 Leadenhall St

Cause of Death, First (Primary,) Dysentary

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Strangers Ground

Date of Burial, August 19 78

Undertaker, S. W. Chase

Place of Business, 198 Howard St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI[S]

Permit No. 27142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, August 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horatio N. Vail

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 480 Eutaw Place

Cause of Death, First, (Primary,) Cardiac Fatty Degeneration

Second, (Immediate,) Heart Clot — Embolism

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 22nd 1878

W. F. Kemp M. D.
Medical Attendant.

Undertaker, Stewart & Thurmer

Place of Business, 35 Park Ave. *Address,* 223 Franklin.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 27143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Hannretty

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } [illegible]

Cause of Death, { First (Primary,) [illegible] / Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

[redacted] should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Aug 21. 1878

Undertaker, Jas. P Byrne

Place of Business, No. Front St *Address*

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 27144

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Prentice

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 29 Hamburg

Cause of Death, {First, (Primary,) / Second, (Immediate,) Phthisis

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, Aug 21st 1878

Undertaker, Armstrong & Dunn

Place of Business, 263 Light St

Preston [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 27145

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878

Date of Death, August 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Litz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 Low St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Augt 22nd 1878

Undertaker, H. Hoeck

Place of Business, 309 N. Central Av

Jno A Lemmon M. D.
Attendant

Address, Comm of Health
& Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 27146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, August 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Drowned Fred. Wolf St No 43 Buck St

Cause of Death, First (Primary.) accident

Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cemty

Date of Burial, August 21st

Undertaker, H Froehlich

Place of Business, 246 Eastern Av

Edmund Kreuker *M. D.*

Medical Attendant.

Address Corner Pr & P St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27147

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace E. Hessey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Balto.

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, { Give street and number. } No. 276 Townsend St

Cause of Death, { First (Primary,) Spasmus Nascentium

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 21

{ *Undertaker,* C. W. Blizzard

Place of Business, 201 Penn Ave *Address* 106 Hanover Ave

R. H. Goldsmith M. D.
"
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27148

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Nisbet

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Twenty four Years, —— Months, —— Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word is not required in this line}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann's Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 287 Argyle Ave

Cause of Death, First (Primary,) Phthisis Pulmonaris

Second (Immediate,)

Duration of Last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Queens Town Queens Co Md

Date of Burial, Aug 21

Undertaker, C H Blizzard

Place of Business, 201 Pearce

Chas C Price M. D.

Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Fair 1160

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 27149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if [illegible] so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 21 1878 BALTIMORE

Date of Death, Aug 15, '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Waters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 8 days old Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 St Vincent Al

Cause of Death, First (Primary,) Spasms induced by Cold

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Aug 16 1878

Calvin Black M. D.
Medical Attendant.

Undertaker, Fred'k A. Hutchins

Place of Business, 503 E. Carrollton Ave

Address 668 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspen Keller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 512 N Paca st,

Cause of Death { First, (Primary,) Suicide by Hanging
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cem

Date of Burial, Aug 20th 1878

Geo C Pyle Coroner M. D.
Medical Attendant.

Undertaker, Fred A Kuchins

Place of Business, 50 S Carrollton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 27151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Beaumont

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, Fifty six *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Fred^k Co. Md.

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give street and number.} # 34 S. Gilmore St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption Lungs

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 22nd 1878

Undertaker, Chas. A. Pandos

Place of Business, 518 W. Baltimore St.

J. G. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

Date of Death, Aug 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Donaldson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 11 6 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila

Duration of Residence in the City of Baltimore. 525 Lainglon St

Place of Death, {Give street and number.} Boundary Ave near Eldorado Rd.

Cause of Death, First (Primary.) Accidental

Second (Immediate,) Fall from skylight

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 23d

Edmund R Walker *M. D.*
Medical Attendant.

Undertaker, S. M. Leonard & Son *Address* 183 Linden Ave

Place of Business, 782 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1878 6 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Pattistella

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~ Pattistella

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Widower~~

Occupation, Stone Cutter

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, Ten (10) years

Place of Death, { Give street and number } No 105 Hillen St

Cause of Death, { First, (Primary.) Pulmonalis Pneumonia / Second, (Immediate,) Pneumonia

Duration of last Sickness, Six (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses Cemetery

Date of Burial, Aug 21st 1878

N. G. Kirk M. D.
Medical Attendant.

Undertaker, P. C. Mackenrodt

Place of Business, 38 Eutaw St *Address* Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maria White

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, ed

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 59 Raborg St

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Cholera Diarrhoea

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co'nd

Date of Burial, Aug't 21 1878

Undertaker, S. H. Chase

Place of Business, ...

R. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY ... CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Dennis Hay

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sister of The Good Shepherd

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Asylum of The Good Shepherd

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of the Good Shepherd Waverly

Date of Burial,

Undertaker, J. B. Cook

Place of Business,

Edward F. Buchanan M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1918

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 Years, Months, Days.

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} (Foot of Dock St) Res 106 Dock St

Cause of Death, {First (Primary,) Accident (while swimming)

Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician

Place of Burial, Locust Cemetery

Date of Burial, Aug 22

{Undertaker, Abraham Wayman

{Place of Business, 13 Sorrel Alley

Edmund Brralker M. D.

Medical Attendant.

Address Coroner Dr 8 D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Eitel.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* 6 *Months,* 2 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, cigar maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 26 Lexington St.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Hemorrhage from the intestines

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Aug. 23 78

Undertaker, Henry Brice

Place of Business, Hamilla St 81

Henry Salzer M.D.
Medical Attendant.

Address, 165 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 St 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tom Dennis

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Rod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 82 Hardway Land

Cause of Death, First (Primary,) "Brights dis. of Kidneys"

Second (Immediate,)

Duration of Last Sickness, 2 or 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug ih 22

Undertaker, James F Brackston

Place of Business, No 20 druid Hillave

H. F. Hill *M. D.*
Medical Attendant.

Address 325 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 22 1878 BALTIMORE

Date of Death, August 21 A.D. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Ewers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Driver

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven (7) years

Place of Death, {Give street and number} 140 S. Castle St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Pneumonia

Duration of last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 22 1878

Undertaker, H. M. Gibbons

Place of Business, Conder & Ave

H. L. Hellen M. D.
Medical Attendant.

Address, 44 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dowd.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore; 16 years

Place of Death, {Give street and number} 126 South St

Cause of Death, First, (Primary.) Senility - &c

Second, (Immediate.)

Duration of last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 22nd 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* 21 Broadway

D W Cathell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 /78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Bond

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, (1) one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Enlargement of the Heart

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery Jno. Brooke Boyle M. D.

Date of Burial, August 21 Medical Attendant.

{*Undertaker,* Patrick Mullin *Address* 166 E Eagle

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, (7) Seven Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sick Four Months

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery *Jno. Brooke Boyle* M. D.

Medical Attendant.

Date of Burial, August 21

Undertaker, Patrick Mullin *Address* 116 E Eagle St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

AUG 22 1878 BALTIMORE

Date of Death, Aug. 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Crocoer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty-two *Years,* Six *Months,* Six *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} No. 319 S. Howard St.

Cause of Death, First, (Primary,) Uterine Tumor - Fibrous Malignant

Second, (Immediate,) Septicaemia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Harpers st cemetry

Date of Burial, Aug 22d 1878

Undertaker, W. H. Dungee

Place of Business, No. 62 East St

J. T. Smith M. D.
Medical Attendant.

Address, 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hockstad

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 41 Lancaster St.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsus Cimitery

Date of Burial, August 21th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 311 Canton Ave. *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Deitz

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 267 S. Ann St

Cause of Death, First, (Primary.) Teething Fever

Second, (Immediate.) Infantile Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 21th 1878

A. D. Schmuck M. D.
Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 349 Canton Ave. *Address,* 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Layer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* one *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 436 Canton Ave.

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Dropsy

Duration of last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsus Cemetery

Date of Burial, August 22th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 941 Canton Ave, *Address,*

G C Winder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...E, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Lawrence

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Carpenter - H

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 33 Rose st - canton -

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Paralysis

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmell Cemetery

Date of Burial, August 23rd 1878

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave,

Thomas F Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Hamel

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Thirty One *Years,* Eight *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Fracture of Scull by accident.

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, August 22nd 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm Combel M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 21 " 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Joseph Thomas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Boyd St

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Diarrhoea

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Augt 23 d 1878

James H Lamb M. D.

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address,* Bureau of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 August 1873

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 23 1873

Undertaker, Samuel Bowers

Place of Business, 156 Division St.

Mortimer Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Matilda Stonig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 70 N. Bond

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, August 22d 1878

Geo. W. Reynolds *M. D.*
Medical Attendant.

Undertaker, H. Berry Sanders

Place of Business, 252 Caroline Alley *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Perdue

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 225 S. Bethel St.

Cause of Death, First, (Primary,) Tetanus Neonatorum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 22 1878

James E. A. Shaw M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, No 153 Ridgeley

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27173

27173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Allen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} North Carolina

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 245 N Eutaw

Cause of Death, {First (Primary,) Cancer (Stomach)

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Nearly 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 23 1878

Undertaker, John C Sroter

Place of Business. 63 Park Ave

C Maitland M. D.
Medical Attendant.

Address 27 W Mc Culloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Locksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 22 Riverside Avenue

Cause of Death, {First (Primary,) Casualty — By falling into a Tank of Biling Acid. only living Eight hours

{Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ Cemetery Baltimore

Date of Burial, Aug 23 1878

Undertaker, John S Thacker

Place of Business, No 133 London

H B Noble *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday August 22 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Engelmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty (50) *Years,* Three (3) *Months,* Fourteen (14) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Foyears

Place of Death, {Give street and number} 44 Abbott Street

Cause of Death First, (Primary,) Phthisis Pulmonalis & Pistula in Ano

Second, (Immediate,) Exhaustion & Pyrexia

Duration of last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 23th 1878

H. Slauer *M. D.*
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 North Gay. *Address,* E. cor Bayard & Aisquith Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Hamm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Black. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 188 Eyre St.

Cause of Death, First (Primary,) Consumption

~~Second (Immediate,)~~

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 23: 1878

Chas. Lemmon M. D.
Medical Attendant.

Undertaker, S. M. Chase

Place of Business, No 198 Howard St. *Address* 59 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

Date of Death, Aug 23rd 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Isaac & Phillips.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 26 hours. ~~Days~~

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 324 Lexington St.

Cause of Death, {First (Primary,) Debility.

Second (Immediate,) Prostration from Birth,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, U.B.S. Cemetery

Date of Burial, Augt 23 1878

Undertaker, Simpson Hearse

Place of Business, 757 W. Balto St

John A. R. Wiza M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION [illegible] And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Latta

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty four *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} North Carolina Orange Co.

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No 780 S. Haward St

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,) Anasarca et Phthisis

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Hamilton

Date of Burial, Aug 23/78

Undertaker, Jake Davis

Place of Business, 103 Lee St

L. L. Dyer M.D.

Medical Attendant.

Address, 146, Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Short

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 11 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 20 N Eutaw

Cause of Death, {First (Primary,) Inanition / Second (Immediate,)}

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 23 Augt

Undertaker, J S Mackie

Place of Business, 150 Camden St

J G Wandt M.D.
Medical Attendant.

Address, 203 N Sharp

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Ira Wingarten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} 213 18th Wd

Cause of Death, First (Primary,) Organic disease of Brain

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cem. J. H. White, *M. D.*

Date of Burial, Aug. 23rd 78 ~~Medical Attendant.~~

Undertaker, W. Franck

Place of Business, 280 Pointers Ave *Address* 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosana Lacke

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* one *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 52 Lancaster st

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Convulsions ante mort. one day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Aug 23 1878

L Mitchell M. D.
Medical Attendant.

Undertaker, W Evans

Place of Business, 220 Lombard

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Brindan

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore died

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} 1 Portland St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,)

Duration of last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 23rd 78

Undertaker, Wm Thacher

Place of Business, No 15 Camden St

J. L. Bean M. D.
Medical Attendant.

Address, 879 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27183.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Canby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 89 Mr Culloch St

Cause of Death, First (Primary,) Cerebral Par[illegible]

Second (Immediate,)

Duration of Last Sickness, Bad health Over one year

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, August 23d 1878

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

G. T. Knight M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Campbell

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, ____ *Years,* Four (4) *Months,* Nine (9) *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} S. W. Cor. Bank & Central Aves.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pertussis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, August 23

Aug. H. Epsich M. D.
Medical Attendant.

Undertaker, W. J. Diffet

Place of Business, 151 N. Bond st. *Address,* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lang

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 20 *Years,* *Months,* 10 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 353 E. Lombard

Cause of Death, First (Primary.) Phthisis pulmonum

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 24th of August

Undertaker, Randolph Dimpsel

Place of Business, 151 E. Bond St.

J. Hatton M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

Date of Death, Aug. 22nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen B. Keen

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 124 Holliday St

Cause of Death { First, (Primary,) Dipthenia Malig. / Second, (Immediate,) Puerpure Hemorrhagica

Duration of last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 23d 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 137 E. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Everit

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germantown Penna

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 153 Gough st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption 2 mos.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 23d 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22D 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert E Lee Kelly

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto., Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 402 E. Chase St

Cause of Death, First (Primary,)

Second (Immediate,) Enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, M. C. B. & P. Rail. Road ~~Baltimore Cemetery~~

Date of Burial, August 23. 1878

Undertaker, M. A. Daigei

Place of Business, 74 S. Broadway

M B. Billingslea M. D.
Medical Attendant.

Address Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Harris

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, about 64 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, About 30 yrs.

Place of Death, {Give street and number.} No. 6 Arbor Alley

Cause of Death, First (Primary,) Cardiac Hypertrophy

Second (Immediate,) " "

Duration of Last Sickness, About 3 wks. has been sick several years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23d 1878

Undertaker, Wm P Gray

Place of Business, 65 Mulberry St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

Date of Death, Aug. 22nd 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Binns

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 3 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 87 E Balt St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery H. F. Reynolds M. D.

Medical Attendant.

Date of Burial, Aug 23 d 1878

Undertaker, Thos S Hughes Address

Place of Business, 60 E Balto St 186 Aisquith St

1238 madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

Date of Death, August 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esthus Mathews

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Caucasian

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2 Green Court

Cause of Death, {First (Primary,) Senility ~~Chronic Bronchitis~~ Second (Immediate,) Chronic Bronchitis

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Aug 23d 1878

Undertaker, Bentz & Denny

Place of Business, 263 Light

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Wesley Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} 220 L Chestnut St

Cause of Death, {First (Primary,) Hypertrophy of the heart

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 24

Undertaker, James F Brackston

Place of Business, No 20 druid Hill ave

H Nelson M. D.
Medical Attendant.

Address N W Cor Penn & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joh P Jager

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, W h M

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 86 Fred Ave

Cause of Death, First, (Primary,) Chronic Hepatitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Aug 26th 1878

J. T. Knight M. D.
Medical Attendant.

Undertaker, J. P. Poulus

Place of Business, 66 Fredrick Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22 '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Perkins Schneider Schneuner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — Years, 4 Months, — Days.

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Dining life

Place of Death, {Give street and number.} 754 Penna Ave

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, August 24th

{Undertaker, William Weaver

Place of Business, 202 N Eutaw

J. H. Miller M. D.
Medical Attendant.

Address 87 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Edward Mc[illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* [illegible] *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodberry Balt. Co. Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} No. 75 Reine st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicaemia

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery Robert A. Moffitt M. D.

Date of Burial, August 24th 1878 Medical Attendant.

Undertaker, Peter Kummert *Address* 25 N. Green st

Place of Business, 311 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Stechele

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Stone mason & cutter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 134 Central Ave

Cause of Death, First, (Primary,) Disease of Liver & Indigestion

Second, (Immediate,) Hepatitis Complicated with Gout 2 Days

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns cemetery

Date of Burial, Aug. 24th 1878

Undertaker, A. Fink 461 Gay St

Place of Business,

M. A. Dohme M. D.
Medical Attendant.

Address, 60 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27197

HEALTH DEPARTMENT AUG 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Low Nick

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 5-38 Gay St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 24th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm E. Russell M. D.
Medical Attendant.

Address, Broadway, Fells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday August 19th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Price

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 14 Johns alley

Cause of Death { First, (Primary,) Chronic Intestinal Jaundice
, Second, (Immediate,) Asthenia
Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24th 1898

Undertaker, Wm. A. Dunger

Place of Business, No 62 East Lt

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Bennett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 94 *Years,* 6 *Months,* 20 *Days.*

Color, Colored

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, North of the River all

Place of Death, {Give street and number} No 26 Hollins all

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,)

Duration of last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24th 1878

Undertaker, Wm N. Dungell

Place of Business, No 10 Stockton Alley

Sml Entwisle M. D.
Medical Attendant.

Address, 582 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Rowe

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 284 York St

Cause of Death, { First, (Primary,) — Second, (Immediate,) Burned with Sulphuric Ac

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, August 25th

Gordon Catlin M. D.
Medical Attendant.

Undertaker, B. Marks

Place of Business, 411 Light St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

Date of Death, Aug 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara L Meyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* / *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Anthony St

Cause of Death, {First (Primary.) ~~Spasms~~ Erysipelas followed by Gangrene of Abdomen / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem.

Date of Burial, Aug. 24th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay.

J A Warner M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d of August.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Anna Fisher wife of John F. Fisher.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 66 Years, 11 Months, 3 Days.

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elsenfeld

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} 98 Fairmount Av.

Cause of Death, First (Primary,) Chronic Inflammation of Liver

Second (Immediate,) Abscess.

Duration of Last Sickness, 8 Years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, August 25

Undertaker, W. J. Dippel

Place of Business, S. Bond st 151

J. Schmidt M. D.
Medical Attendant.

Address 92 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, # Thursday Night August 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Henry

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 168 Dallas St

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Mass.

Date of Burial, August 24th 78

{*Undertaker,* Theodore J. Locke
Place of Business, 56 Jefferson St

Wilmer Bruton M.D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Night, August 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} # 32 McKim St.

Cause of Death { First, (Primary,) "Convulsions"
Second, (Immediate,) .....

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, August 24th 1878

Undertaker, Theodore J. Locke

Place of Business, 56 Fayette Address, 25½ Gilmor St.

Wilmer Burton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22. '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nail

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 2 5 *Years,* — *Months,* — *Days*

Color, Mite

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} # 324 N. Caroline St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis} Hæmoptysis

{Second (Immediate,) Hæmoptysis} for Nervous Shock

Duration of Last Sickness, 10 minutes, {She had incipient Phthisis & — had been troubled with a cough for some time but appeared to the family to be about well when she was suddenly taken with hæmorrhage & expired in about 10 minutes, having lost not more than ½ pint of blood}

All the above information should be furnished by the Physician.

A Wartman M.D.S.

Medical Attendant.

Place of Burial, Baltimore Cemetery

Date of Burial, August 25th 1878

{*Undertaker,* Wm H Stuckman

Place of Business, 284 N Gay St.

Address, # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Moran

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland ?

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 17 Balto.

Cause of Death, First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 25.

Undertaker, Geo. Schilling

Place of Business,

Gordon Burke M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Bank St 34

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, August 25th

Undertaker, M. Funk

Place of Business, 35 Bank St.

John A Selby M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Permit No. 27208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Otto Honig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 70 N. Bond

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Broncho Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, August 26th

Undertaker, Henry Snider

Place of Business, 52 Canton Ave

Geo. Reynolds *M. D.*
Medical Attendant.

Address 42 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Powell

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 3 *Months,* *Days.*

Color, Coord *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Launderess

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 160 Raborg St.

Cause of Death, First (Primary,) Cancer Uterus

Second (Immediate,) Debility

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Perryville Harford Co Md. Jno. G. Brewer *M. D.*

Date of Burial, Augt 25 1878 Medical Attendant.

Undertaker, S H Chase

Place of Business, No 198 N Howard St *Address* 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Burial 1163

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eduard William Graefe

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 20 *Years,* 2 *Months,* 14 *Days*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} N. 154 Pearl Street

Cause of Death, {First (Primary,)} wound at the 1st left toe by a nail

{Second (Immediate,)} Tetanus.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Aug 26th

Undertaker, F. Miller

Place of Business, 86 N. Paca St.

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Landergreal

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 156 Bolton st

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, August 25th 1878

S. W. Hutchinson M. D.
Medical Attendant.

Undertaker, Wm O'Wearer

Place of Business, No 202 N. Eutaw *Address,* 121 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCurdy

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 288 E. Lombard St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Augt 25 1878

Undertaker, John Lake

Place of Business, 195 E. Balto St

S. Tunnt Steuart M. D.
Medical Attendant.

Address, Comm of Health & Hospls

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

Date of Death, Aug. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Carey

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number} 77 of Sharp St.

Cause of Death {First, (Primary,) —
Second, (Immediate,) Bilious Dysentery.

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 26 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-2, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1878 BALTIMORE

Date of Death, August 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Shuman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 22 Frederick St

Cause of Death { First, (Primary,) Lockjaw
, Second, (Immediate,) Injuries

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 25th 1878

Undertaker, H Rose

Place of Business, Camp & Pleasant

James A Steuart M. D.
~~Medical Attendant.~~
Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

E Weinman Sanitary Inspector

Permit No. 27215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

Date of Death, 24 August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anna Dorothea Naumann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 64 *Years,* some *Months,* some *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hessia. Germany 12 years in U. S.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Columbia Av. 238

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Haemorrhages of bowels

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 August

Undertaker, Ph. F. Dill

Place of Business, 183 Columbia Av

Dr F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 5 *Months,* *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} No 46 Stockton St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, August 25th 1878

B F Bohrer M.D.
Medical Attendant.

Undertaker, Wm N. Lunger

Place of Business, No 46 Stockton St Address Cor Dolphin & Rob

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd Aug 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas Jefferson Sutton

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Harness Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Havre de Grace, Harford Co Md.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No. 132 Pennsylvania Avenue.

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Valvular disease of the heart.

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Spesutia, Harford Co

Date of Burial, Aug 26th 1878

Undertaker, Jos H. Loane *Address* 243 N. Fremont St.

Place of Business, 568 W. Balto St Balto.

E. M. Reid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 1164 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Emerick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three Years, Eight Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} 570 Unionon St.

Cause of Death, First, (Primary,) Ulcerated Throat

Second, (Immediate,) Suffocation

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Aug 26

Undertaker, C W Blizzard

Place of Business, 201 Penn ave

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Decker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1. *Years,* 4. *Months,* 28. *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 623 Penna Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 4 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 26th 1878 G. W. Morris M. D.
Medical Attendant.

Undertaker, Peter Kinnamon

Place of Business, 311 Mulberry *Address,* Cor. Eutaw & Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 25, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Callis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* One *Months,* Twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 104 N. Caroline St.

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, August 27th 1878

Undertaker, Wm. Hardy

Place of Business, 369 N. Central Ave.

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian B Benson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 444 Hanburg St

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) Acute Albuminuria

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 27th 1878

Undertaker, Chas. H. Reid

Place of Business, 176 Sharp Street

L. H. Cumm M. D.
Medical Attendant.

Address, 16 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27222

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

Date of Death, Aug 24 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Louis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 26/78

Undertaker, C. D. Fleming

Place of Business, 97 Orleans St

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Cramer

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 219 Canton Ave

Cause of Death; {First (Primary,) Pleuritis pulmonum

Second (Immediate,) Hydrops Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 26th day of August

Undertaker, Jacob Bucher

Place of Business 226 Canton Avenue

J. Mathias M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Afternoon, August 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McDaid Hannigan,

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 80 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wurtberg, Germany 7 Yrs. in U.S.

Duration of Residence in the City of Baltimore, Thirty Five Years

Place of Death, { Give street and number } # 565 N. Gay St.

Cause of Death { First, (Primary,) Old age. Second, (Immediate,) Injury received from a fall, }

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug. 26th 1878

Undertaker, John H.C. Offutt.

Place of Business, 183 E. Monument St, *Address,* 25 Jas Greenmount Ave.

Wilmer Bovard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza McGunagle

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Eleven *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 370 North Pennington St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation

Duration of Last Sickness, About eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Central

Date of Burial, August 26th

Undertaker, John Herring

Place of Business, 386 Orleans St.

Wm. J. Shyer M.D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 26. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes E Erath

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 7/4 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1298 E. Biddle St.

Cause of Death, {First (Primary,) Cerebral Softening

Second (Immediate,) Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 28 1878

{*Undertaker,* Fowler Bros

Place of Business, 263 Light St

Geo. A. Hartman M.D.
Medical Attendant.

Address, 1305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 August 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Dorsey

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 7 Moore's alley

Cause of Death { First, (Primary,) I saw the child but once, day before death, was said to have had measles
Second, (Immediate,) Pneumonia

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 26 78

Undertaker, C Wilson

Place of Business, 96 & 98 Howard St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Owen Booth

Sex, Male ~~or Female~~, { Cross out the words not required in this line. } Male

Age, One *Years,* Six *Months,* ~ 25 ~ *Days*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 55 Stiles St

Cause of Death, { First (Primary,) Colo Enteritis.

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 August 1878

Undertaker, Peter Frey

Place of Business, 91 Eutaw ave

Thomas P. Evans M.D,
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenore E. Lake

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 4 Gilds Lane

Cause of Death, First, (Primary.) Hereditary Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, B. Asylum Lot Greenmount

Date of Burial, Aug 27 78

Thos. Cottee *M. D.*

Medical Attendant.

Undertaker, B. Hamilton

Place of Business, 511 Light St *Address,* 146 Greenmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Forest Auger

Sex, Male ~~or Female~~ {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 378 Orleans St

Cause of Death {First, (Primary,) Premature Birth (8 mos

{Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 26 1878

Undertaker, John Henry

Place of Business, Orleans St

Jno. A. Steiner M. D.

Address, Commrs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hess

Sex, Male Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Madeira alley

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) all its life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Augt 26 1878

Undertaker, Mc Francis

Place of Business, Canton Av

Address, Comm of Health Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Fayler

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27232,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 25th 1878.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy & John Hall Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 Months *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 106 Henrietta St

Cause of Death { First, (Primary,) Asthenia
Second, (Immediate,) Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Augt 26 1878 James H Steuart M. D.
Medical Attendant

Undertaker, Hercul Ross

Place of Business, 95 Conway St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Dr. Tarsant

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27233,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 24, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Barclay

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 256 West St

Cause of Death { First, (Primary,) Teething Mal Nutrition
Second, (Immediate,) Diarrhoea

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 26th 1878

Undertaker, Hercules Ross.

Place of Business, Conway St

Thos A Shaw M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 5 *Years,* 2 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 11 No Mulliken St

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Dropsy.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, August 26/78

Undertaker, Frederick Fuchs

Place of Business, 92 Jefferson St

Wilmer Brinton, M.D.
Medical Attendant.

Address, 257 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1878 BALTIMORE

Date of Death, Aug 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Ross Nash

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 392 West 2d

Cause of Death {First, (Primary,) Bilious Remittent Fever
Second, (Immediate,)

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 27th Aug. 1878

Undertaker, J J Maher

Place of Business, Candler Pascal

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover st. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

Date of Death, August 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talbot Faulkner

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.} Male

Age, Twenty one *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Nova Scotia

Duration of Residence in the City of Baltimore, 9 Days

Place of Death, {Give street and number.} City – Hospital

Cause of Death, First (Primary,) Internal & external Injuries from a fall

Second (Immediate,) Shock

Duration of Last Sickness, 27 hours

All the above information should be furnished by the Physician.

Place of Burial, Nova Scotia N.S.

Date of Burial, Sept 26 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Wm Gombel M.D.
Medical Attendant.

Address, City – Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 1165

[OVER.]

Permit No. 27237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Margaret Lanphear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Six Months, Fourteen Days.

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 27. E. Hoffman St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 28/78

Undertaker, Fry & Bro

Place of Business, 54 Broadway

F. F. McWilliams M. D.
Medical Attendant.

Address 11. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Frick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Hanover & Barney Sts

Cause of Death { First, (Primary,) Malarial Poison / Second, (Immediate,) Enlarged Liver with Ascites

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 27. Theodore Gatch M. D.

Medical Attendant.

Undertaker, J. B. Harle.

Place of Business, 411 Light St *Address,* 146 Glenmore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27239.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Viertel

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 28 yrs

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 1, Gettier St

Cause of Death { First, (Primary,) Paralysis, Agitans
Second, (Immediate,)

Duration of last Sickness, 17 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 28 1878

Ernest Schwan M. D.
~~Medical Attendant.~~

Undertaker, C. P. Scriven

Place of Business, N. Eutaw Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by- E. Weinman

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Johnston Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 483 Sarratoga St

Cause of Death, First (Primary,) Entero Cholitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mound Cemetery

Date of Burial, August 27th 1878

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry St

H. F. Hill *M. D.*
Medical Attendant.

Address N. E. Cor Fremont & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Grumbine & Lydia E. Grumbine (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Half hour *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North Fremont #135

Cause of Death, First (Primary,)

Second (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, August 27

Undertaker, Mathew Cadogan

Place of Business, No 230 Madison St

Clinton Maynard M. D.
Medical Attendant.

Address 65 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta L. Mills & Capt Robt Mills

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. S. Collington Avenue Baltimore Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 71 S. Collington Avenue

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Inanition

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md.

Date of Burial, Aug. 28. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E. R. Button M. D.
Medical Attendant.

Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit 1166

[OVER.]

Permit No. 27248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26th August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mitchinclose Inglis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 26th *Months,* (this birth day) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Judge

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 60 years since the war

Place of Death, {Give street and number.} 124 Cathedral St

Cause of Death, First (Primary,) Overwork & Glycosuria

Second (Immediate,) Carbuncle & Diphtheria

Duration of Last Sickness, About 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 28th August 1878

Wm. D. Medical Attendant.

Undertaker, Fitz W. Dukes & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Foster

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* ~~7~~ *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 166 Lexington St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 4 Week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Aug 27th 1878

Sherwood Cook M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eager sts *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M. Henry

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, under

Place of Death, { Give street and number } 234 Bond st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) } Delirium Tremens Chronic

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Dale E Camden

Date of Burial, Aug 27 /

Undertaker, Fuhrer & Lee

Place of Business, 134 Broadway

Geo W G Coxe *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25 the 10 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fitzer Kebl

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 49 Years, 00 Months, 00 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Marchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germani

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number} 21 Estern Av.

Cause of Death, First, (Primary.) Chronic Affection of the Liver

Second, (Immediate.) Acut Peritonitis, Terminate from Abscess and fracture of a Rope with a compleat Bruse

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivers

Date of Burial, August 27 2 o'clock p.m.

John L. Fitzer M. D.
Medical Attendant.

Undertaker, H. Sanner Jun. & Bro.

Place of Business, 252 Canton Av. Address, 21 Nord Estn.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday August 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johanna Greene

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 241 E Eager Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, August 28 1878

D. Shea M. D.
Medical Attendant.

Undertaker, Henry Hoult

Place of Business, 309 Central Ave *Address,* 58 Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Speaks

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22 Eclaw St

Cause of Death { First, (Primary,) / Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Augt 27 1878 James A Lenan M.D.
Medical Attendant.

Undertaker, Fred A Kerchner

Place of Business, 50 S Carroll Address, Comm'y of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Alexander Infant

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* Three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 245 Hollins Street

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Marasmus Two Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Aug 27 1878

Chas Wm Reed M. D.
Medical Attendant.

Undertaker, W. A. Miller

Place of Business, 239 Hollins St *Address,* 306 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml. F. Harrington

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, { Give street and number } 75 Lee St.

Cause of Death { First, (Primary,) Phthisis. / Second, (Immediate,) Tuberculous Enteritis.

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Aug 28th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Harrington 1167

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 140 S. Howard St

Cause of Death {First, (Primary,) Mal Nutrition (Farmed out)
Second, (Immediate,) Chol Infantum

Duration of last Sickness, 2 weeks –

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Aug 28th 1878

Undertaker, Hercul Ross

Place of Business, Conway St

J Hunt Sloan M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 27. '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. Nardy

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 39 *Years,* 2 *Months,* 28 *Days*

Color, Mule

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Book-Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} # 47 Chew st.

Cause of Death, First (Primary,) Cellular Erysipelas with Gangrene

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, August 28th 1878

Geo. A. Wartman M.D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 W Gay St

Address, #305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~John Emery~~ Aug. 27. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Emory

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 71 *Years,* 6 *Months,* X *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, For a number of years (40)

Place of Death, {Give street and number} 317 Franklin St.

Cause of Death, First, (Primary,) Chronic Cystitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28th of August

Undertaker, D. Kimmel

Place of Business, 317 Mulberry St

W. F. A. Keuck M. D.
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Ironmonk

Sex, Male or Female, { cross out the word not required in this line. } Woman

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Weaver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 61 Lams alley

Cause of Death { First, (Primary,) / Second, (Immediate,) } Cancer of the Stomach

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. | Fredk Cook M. D.

Date of Burial, Aug 29th 1878 | Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Crofs | *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Damm

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* 03 *Months,* — *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 N. Eden st

Cause of Death, {First (Primary,) Catarrh. intestin

Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathai Comty.

Date of Burial, August 28.

Undertaker, H. Hofmann

Place of Business, 63. N. Eden St.

J Ultzmann, M.D.
Medical Attendant.

Address, 57 Krieger Co

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louisa Regner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 70 N. Bond

Cause of Death, First (Primary,) old age

Second (Immediate,) Dysentery

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 28th 1878

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave. *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Pamphylion

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 44 Barre St

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. Mark E Pattison *M. D.*

Date of Burial, 29th August 1878 Medical Attendant.

Undertaker, Hy W. Jenkins & Son *Address* 195 N Paul St

Place of Business, 46 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Eugene Boyd.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 4 *Months,* 3 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 260 E. Baltimore St.

Cause of Death, First (Primary,) Hooping Cough.

Second (Immediate,) Pneumonia —

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug. 28, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

J. R. Hoeck M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Reverse Side. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*

penalty of law.

HEALTH DEPARTMENT AUG

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A P[illegible]

CERTIFICATE OF DEATH.

Date of Death, Augt 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Brown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 16 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Phila Road near Boundary

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, N. Point Balto Co

Date of Burial, Aug 28 1878

James L Lemmey M. D.
Medical Attendant

Undertaker, John Brown

Place of Business,

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml J. F. Harris

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 7 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Georgetown D. C.

Duration of Residence in the City of Baltimore, Had been on visit to Baltimore 3 Weeks

Place of Death, { Give street and number. } 281 E Fayette St

Cause of Death, { First (Primary,) Peritonitis and portal Congestion from Intussusception

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D.C.

Date of Burial, Aug. 28. 1878

{ *Undertaker,* H. A. Dwyer

{ *Place of Business,* 945 Broadway

D. M. Bruce Hall M. D.
Medical Attendant.

Address 281 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1168

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ackerman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 43 Lancaster st.

Cause of Death First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, 5th a St. Paulus.

Date of Burial, 29th August.

Undertaker, Jacob Bucher.

Place of Business, 224 Canton av.

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willy Mears

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 North St

Cause of Death, First (Primary,) .....

Second (Immediate,) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Aug 29th 1878

Geo Reynolds M. D.
Medical Attendant.

Undertaker, H. W. Mears

Place of Business, 46 N Gay St, *Address* 43 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27263.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leoi Dickson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colord *Sex,* Male

Married, ~~Single, Widowed~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md,

Duration of Residence in the City of Baltimore, abt 9 yr

Place of Death, {Give street and number.} No 9 Allens Alley

Cause of Death, First (Primary,) Injury to Knee

Second (Immediate,) Asthenia

Duration of Last Sickness, abt 2 mo

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28th 1878

Undertaker, Theodore Locks

Place of Business, 56 Jefferson St

Geo. S. Emerson M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible]rth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible]nd the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Basil A. Hynson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 6 *Months,* — *Days.*

Color, ~~Negro~~ dark *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No. 4 Morris Alley

Cause of Death, First (Primary,) Malarial Poison

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. J. D. Thomson M. D.

Date of Burial, Sept 28th 1878 Medical Attendant.

Undertaker, Jas Brockett *Address* 187 N. Eddo St.

Place of Business, 20 Union Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Neal.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* nine *Months,* twenty *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel county.

Duration of Residence in the City of Baltimore, one year & Six Months

Place of Death, {Give street and number.} Boulden Alley near Bakerst

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetty

Date of Burial, August 28

{*Undertaker,* James Buckston

Place of Business, 22 Druid hill Ave

G. M. Rains M. D.
Medical Attendant.

Address S. Pontenberg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 27266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. Bond

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Nine *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No. 84 Milliman St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Fibrous Nascentium.

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Aug 29th 1878

Undertaker, Wm. H. Dungee

Place of Business, No 62 East, St, *Address,* No. 210. N. Broadway.

Geo. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ion of Physicians is respectfully invited to the remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Emmeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 8 hours *Months,* ~~[illegible]~~ *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 168 Eastern Ave

Cause of Death {First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel | James H Slemons M. D.

Date of Burial, Augt 28th 1878 | [illegible]

Undertaker, Wehd Dispute | *Address,* Comm of Health

Place of Business, S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia McNamara

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, {First (Primary,) Dysentery / Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 29th 1878

Undertaker, James P Byrne

Place of Business, 1663 N Front St

J. H. Butler M. D.
Medical Attendant.

Address 174 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE.

Date of Death, Aug 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Wales

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 123 *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 106 E Lombard Lane

Cause of Death, {First (Primary,) Paralysis

{Second (immediate,) Effusion of the Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20 1878

A. McCollum M. D.
Medical Attendant.

{*Undertaker,* S W Shaw

{*Place of Business,* 19 S Howard St *Address* 369 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno F. Robinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 211 S. Howard

Cause of Death { First, (Primary,) / Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Asbury M.E. Grave Yard

Date of Burial, August 29 1878

Undertaker, S. W. Chase

Place of Business, S Howard *Address,* 152 Sharp St.

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Doane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3-7 *Years,* 7 *Months,* 1 5 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 568 W Balt St

Cause of Death, {First (Primary,) Softning of the Brain
Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, L. M. Leonard San Ill Conrell, *M. D.*
Medical Attendant.

Date of Burial, Aug 30th 1878

Undertaker, Louden Park *Address* 498 W Fayette St

Place of Business, 757 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...oard of Health, City of Baltimore,

...mit No. 27272

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Olga Schneydter

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 685 W. Lombard Street

Cause of Death, First (Primary,) Bronchopneumonia

Second (Immediate,) Exhaustion Broncho Pneumonia

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, August 29-1878

Undertaker, A. W. Jenkins

Place of Business, 16 Light Str.

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Eidman

~~Sex~~, Male or Female, {Cross out the words not required in this line.}

Age, 57 *Years,* 2 *Months,* 24 *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how ~~long in the United States~~, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 600 Penrylo av.

Cause of Death, First (Primary,) Phthisis pulmonum

Second (Immediate,) Inanition

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30th 1878

Undertaker, D H Kumaret

Place of Business, 317 Maulbert st

D Tellowitz M.D.
Medical Attendant.

Address, 137 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Blizzard

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 494 N. Pratt St

Cause of Death {First, (Primary,) Second, (Immediate,)} Attended from Dispensary, general decay of powers

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, August 29th 1878

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St

Chas E Sadtler M. D.
Medical Attendant.

Address, Dispensary Univ of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lutz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 4 South Eutaw St

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Aug 30 1878

Undertaker, I D Rocemp

Place of Business, E Fayette St

James A Steuart M. D.

~~Medical Attendant,~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Jas. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1873 BALTIMORE

Date of Death, August 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Ackenheimer

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 19 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, ~~Life~~

Place of Death, {Give street and number.} 501 Saratoga

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 31 August

{*Undertaker,* P Kummert

Place of Business, 317 Mulberry St

Thomas Opie M. D.
Medical Attendant.

Address, 581 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Certificate No. 27277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

Date of Death, 28 August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 73 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Pennsilvania Av. 38

Cause of Death, First (Primary,) Old age

Second (Immediate,) Senilitas

Duration of Last Sickness, She was in bed since years.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 29 August 1878

Undertaker, M. Dill

Place of Business, 183 Columb Av.

L F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...r Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

HEALTH DEPT. AUG 29 1878 BALTIMORE

Color, Wh —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 Leadenhall St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Meningitis

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30th August.

Undertaker, Julius Rocke

Place of Business, Cor Harford and Gross

R. J. H. Tull. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

Date of Death, August 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Burgess

Sex, Male or Female, {cross out the word not required in this line.}

Age, 97 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number} 27 Constitution St

Cause of Death First, (Primary,) old age

Second, (Immediate,) Fatty action of the Heart

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, August 30th 1878

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

Thomas Scott M. D.
Medical Attendant.

Address, 146 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 29 1878

CERTIFICATE OF DEATH.

Date of Death, August 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lubke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} No. 22 Brush St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Entering Convulsions

Duration of last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Upshur Cem.

Date of Burial, Aug 30th

..... *M. D.*
Medical Attendant.

Undertaker, W. J. Francis

Place of Business, 220 Centre St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 27281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Grant

Sex, Male or Female, {Cross out the word not required in this line.}

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

Age, ... *Years,* 21 *Months,* ... *Days.*

Color,

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Canal St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 53 Canal St

Cause of Death, First (Primary,) Diarrhoea 8h

Second (Immediate,) Otitis and Abcess

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Aug ~~29~~ 30, 1878

Undertaker, Mr Saunders

Place of Business, Canton Ave

[illegible] M. D.

Medical Attendant.

Address 731 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Roth

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 ~ 6 M. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number.} S. West St. 206.

Cause of Death, First (Primary,) Bilious Colic

Second (Immediate,) I don't know I saw the boy only 2 times, Sunday Evening & Monday Morning, was then dismissed and I saw the patient no more.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bal. Co. Cemetery

Date of Burial, Aug 30th 1878

Undertaker, H. Sander

Place of Business, 252 Canton Ave *Address*

C. H. Fick M. D.
Medical Attendant.

C H Fick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

Date of Death, August 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* 7 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belly Murray Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 35 Hanbert St. Locust Pt.

Cause of Death, First, (Primary.) Consumption of the Lungs.

Second, (Immediate.) Complicated with Dropsy Peritonæum

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Aug. 29, 1878

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

DR. J. H. SMITH, AUG 28, 1878, BALTIMORE, MD.

M. D.
Medical Attendant.

Address, 108 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 41.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1878

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. A. Woodfield

~~Son~~, *Male or* ~~Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single, Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) For Some time Sick

Second, (Immediate,) Heart

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial. Aug 28 1878

Undertaker, Jno. Dk & A. Kershner

Place of Business, 50 S. Carrollton Ave | *Address,*

I. L. Sewell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 27285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Ahern Marchand

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* 10 *Days*

Color, Wht

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 231 S. Dallas St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Eclampsia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, August 31.

Undertaker, Wm. Keech

Place of Business, 161 W. Baltimore

J. Mathieu M.D.
Medical Attendant.

Address, 245 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No 27286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Williams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Black, *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 143 Low St

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28

Undertaker, Charles A White

Place of Business, 15 Gambrill St

J. K. Nunan M. D.
Medical Attendant.

Address 107 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of birtbs and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

7287 #27287 OFFICE OF REGISTRAR OF VITAL STA...

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Vitzthum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~...~~ *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harford road

Cause of Death, {First (Primary,) Tubercular meningitis
Second (Immediate,) Convulsion

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Bull's Cemetery

Date of Burial, Aug 30/78

Undertaker, S. R. Rehning

Place of Business, 94 Orleans st

J. A. Warner M. D.
Medical Attendant.

Address 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

Date of Death, Aug 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 11 Upton St

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 11 Upton St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetry

Date of Burial, August 29th 1878

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

T. K. Warren M. D.
Medical Attendant.

Address No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Allenbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} No 472 E. Chase st

Cause of Death, First (Primary,) Dysthenia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount-Olive Cemetery *M. D.*

Date of Burial, Aug. 30th 1878 Medical Attendant.

Undertaker, Hy H. Mears *Address* 138 N Eden St

Place of Business, 45 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

Date of Death, Aug. 28/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Clark.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5-8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 4 years.

Place of Death, {Give street and number} 228 N. Caroline st.

Cause of Death {First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Hemiplegia

Duration of last Sickness, 17 hours.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 30 1878

Edward P. Mc[illegible] M. D.
Medical Attendant.

{*Undertaker,* James O Byrne

Place of Business, N 63 N Front St *Address,* 137 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2: And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Fahey

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, Sixty four *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~or *Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty Seven years

Place of Death, {Give street and number.} N. W. Corner of Fulton & McHenry Sts

Cause of Death, First (Primary,) Malignant Ulceration of Leg

Second (Immediate,) Bilious Diarrhoea

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, August 30

Undertaker, E F Cook

Place of Business, 202 W. Pratt Baltimore

J. G. Smithson M.D.
Medical Attendant.

Address, # 584 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick William Mumby

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 28 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 E. Eager St.

Cause of Death, {First (Primary.) Scarlet Fever,

{Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, August 30 th

Undertaker, F. Gaede

Place of Business, No. 24 S. Caroline st

DeLancey H. Barton M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 27293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Paul Bishop

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 31 S. Castle Street

Cause of Death, { First, (Primary,) Inanition

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug. 29

Undertaker, Smith Bryant

Place of Business, 21 S. Exeter St

Chas. O. Thomas *M. D.*
Medical Attendant.

Address, 457 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Phelan Lefavre

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balti —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 646. Lexington

Cause of Death, First (Primary,) Chronic Intestinal Catarrh

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 30th Augst 1878

Undertaker, Hy W. Dutkins & Son

Place of Business, 16 Light St

Edwd F. Michael M. D.
Medical Attendant.

Address, 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 27295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

Date of Death, Aug. 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manon Watts,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 20 S. Chester St.

Cause of Death First, (Primary,) Pertussis,

Second, (Immediate,) Pneumonia,

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, August 31 st 1878

Undertaker, Hughes & Co

Place of Business, 66 S Broadway *Address,* Balt. & Wash. sts

L. Turnbull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 27296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie Ambrose

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* 13 Days *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ———

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 128 Ramsay St

Cause of Death, { First (Primary,) ——— Second (Immediate,) Insanus Marantismus

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem. Jno D Blake M. D.

Date of Burial, Aug 30 1878 Medical Attendant.

{ *Undertaker,* Adam H. Chase *Address* 140 South St

{ *Place of Business,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 27297 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances R. Stiles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 224 East Fayette St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Green mount C

Date of Burial, Aug 31

Geo Pennington M. D.
Medical Attendant.

Undertaker, Fry & Brw *Address* N.E. Cor. Sidney & Pratt

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday August 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H Howard Pettman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 88 E Pratt St

Cause of Death { First, (Primary,) "Enteric Colitis" with Marasmus
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 30 1878

W Inman Bunting M. D.
Medical Attendant.

Undertaker, H Hofmann

Place of Business, Eden St *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 1 Months, 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 15 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) ____

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, 31 Aug 1878

Undertaker David Bowen

Place of Business, 56 Division St.

Martin Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Albert

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* } *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 256 S. Ann St.

Cause of Death { First, (Primary,) Scarlet fever
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem.

Date of Burial, 29 August 1878

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, John C. Shuck

Place of Business, 65 Marmont

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 1/2 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Deaf and Dumb

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Since a Child

Place of Death, {Give street and number.} No 12 Gough St.

Cause of Death, First (Primary,) Nervous Prostration

Second (Immediate,)

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Geo. L. Kinemon M. D.

Date of Burial, August 31th 1878 Medical Attendant.

Undertaker, John H Stuckman

Place of Business, 234 W Gay St Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Myrock

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 23 *Years,* 2 *Months,* 1 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tin & Sheet-iron worker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} # 486 Harford Ad.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Lounden Park Cemto

Date of Burial, August 30,

Undertaker, H. Hofmann,

Place of Business, 63 N. Eden St.

Geo. A. Hartman M.D.
Medical Attendant.

Address, # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidonia Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 133 St. Paul St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Weeks less one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 30th 1878

Undertaker, Wm. F. Bishop Jr.

Place of Business, 42 Exeter Street

Eugene F. Cordell M. D.
Medical Attendant.

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Belle Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 178 Cathedral St

Cause of Death, {First (Primary,)} Marasmus

{Second (Immediate,)} Congestion of brain

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetery

Date of Burial, Aug. 30th 1878

Undertaker, Smith & Disney Jr.

Place of Business, 94 Druid Hill Ave.

J. E. Atkinson M. D.

Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Monaghan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3a *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} 39 Chris ct

Cause of Death {First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 1st

Undertaker, F. N. Groll

Place of Business, #131 Hanover St

M. Herdon Carter M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2130

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schulze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 10 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 195 S. Dallas Alley

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bockmans Cemetery

Date of Burial, Sept 1st 1878

Undertaker, Wm Watkins & Steward

Place of Business, 109 S Bond St *Address,*

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Williams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 23 *Years,* — *Months,* 11 — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Works in Kitchen

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give street and number } 505 N Pine

16 Hanover

Cause of Death, { First, (Primary,) — Second, (Immediate,) Believed to be Pneumonia of the Brain about 12 m.

Duration of last Sickness, about 12 m.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, August 30 1878

Undertaker, S H Chase

Place of Business, 9 Howard St

E. G. [illegible] M. D.
Medical Attendant.

Address, [illegible] Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, August 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta V. Reed

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Dying life

Place of Death, {Give street and number} 243 Eutaw St.

Cause of Death First, (Primary.) Marasmus

Second, (Immediate.)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 30. 1878

Undertaker, S. W. Chase

Place of Business, S Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

Date of Death, August 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Tighlman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* Tighlman *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 116 Jasper st

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 30 1878

{*Undertaker,* Samuel W. Shore

Place of Business, 8 Howard st

J H Pattison *M. D.*
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August the 30. a 10. a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Müller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty

Place of Death, {Give street and number} 394 Pennsylvania Ave

Cause of Death, First, (Primary,) Rheumatic pleurisy

Second, (Immediate,) Dropsy of the Hearth

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudenn Park

Date of Burial, Aug 31st 1878

John J. Fiter M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, 394 Penn. Ave

Address, 81. Eutaw Bet.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

Date of Death, August 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emanuel Bell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, _____ *Years,* _____ 8 *Months,* _____ *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 18 Josephine stret

Cause of Death, { First, (Primary.) Teething

Second, (Immediate,)

Duration of last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Aug 30

Undertaker, A Wayman

Place of Business, 13 Saratoga

A Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

of Death, August 29th 1878

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Agnes Martin

Male or Female, {Cross out the word not required in this line.} Female

e, 4 *Years,* 9 *Months,* — *Days.*

olor, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 226 E Fayette st

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 31st 1878

E Glover, Cox M. D.
Medical Attendant.

Undertaker, John L Hacker,

Place of Business, No 150 Camden st *Address* 289 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 27313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Firdeman Busby

Busby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 1 *Months,* 25 *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 Johnson Lt

Cause of Death, {First (Primary,) Acute, Meningites

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 31 78

Undertaker, Armstrong & Dey

Place of Business, No 2662 Balt St *Address* 17 Hanover av

H B Noble *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Flaherty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* One hour *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9. Stockton St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Aug 31st 1878

Undertaker, C. T. Scriven

Place of Business, N. Eutaw St *Address,* Comm'rs of Health

James A Steuart M. D.
Official Signature

Dr Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Aug 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Law

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ____ *Years,* 4 *Months,* ____ *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 187 Chesapeake St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 187 Chesapeake St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Measles

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, August 31st 1878

Undertaker, H. H. Gilmeyer

Place of Business, 311 Eastern Av

J E Buchanan M.D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Forty four Years, Eleven Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} No 13 Bakers Court

Cause of Death {First, (Primary,) Calculus Disease of the heart

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 31st 1878

Chas W. Reese M. D.
Medical Attendant.

Undertaker, Peter Kennard

Place of Business, 317 Mulberry St *Address,* 306 N. Fayette street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Hamilton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 ——— *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 180 Arlington ave.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic croup

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 31

Undertaker, C H Blizzard

Place of Business, 207 Pen av

W. T. Howard M. D.
Medical Attendant.

Address 181 Mad. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Dunby

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, About 45 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 16 Penn St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cirrhosis of Liver

Duration of last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ames

Date of Burial, Aug 31 1878 H Dorsey M. D.

Medical Attendant.

Undertaker, Jas Brackett

Place of Business, Druid Hill *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Baneke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 19 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 97 Lancaster St.

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Scott Michaels Cemetery

Date of Burial, Aug 31st 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

John H. Rehberger M.D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 270

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Aug 29th~~ Aug 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Frainer

Sex, Male or Female, {cross out the word not required in this line.} male Queen Trainor

Age, 24 *Years,* 9 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Monaghan Ireland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 61 Canal St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 1st 1878

J Turner M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2732

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 2732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Haber

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Gay St. extended

Cause of Death, First, (Primary,) Rush

Second, (Immediate,) Marasmus

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ceme.

Date of Burial, August 31

A. F. Erich M. D.
Medical Attendant.

Undertaker, W. J. Sifford

Place of Business, S. Bond & 15 *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. W. Selby

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 225 Saratoga st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mitchellsville Prince Geo Co. Md.

Date of Burial, Sept 1/78

J. T. Wilkerson M. D.
Medical Attendant.

Undertaker, Wright & Co

Place of Business, 53 & 55 W Fayette st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Frances 1170

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Schreiff

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} N. E. Cor. Gay & Eager

Cause of Death, First (Primary,) Carcinoma uteri

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 2d 1878

Undertaker, Henry Rouck

Place of Business, 319 N. Eutaw St.

J. Statham M. D.
Medical Attendant.

Address, 248 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Manayunk Pa — Supposed

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Mt Public Cemetery

Date of Burial, Aug 31 1878

[illegible] M. D.
Medical Attendant.

Undertaker, Jno D. A Kirchner

Place of Business, 503 Carroll Ave *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorina Roache

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, 38 —

Place of Death, {Give street and number.} 93 Hollins St

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Laryngeal Phthisis}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, September 1st 1878

Undertaker, J B Loch

Place of Business, No 704 W Baltimore Street

Andrew Baker M. D.
Medical Attendant.

Address 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Bohlmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* One *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 128 West St. Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 128 West St. Baltimore Md.

Cause of Death, First (Primary,) Congenital valvular disease.
Second (Immediate,) of the heart,

Duration of Last Sickness, Since birth,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept. 1st

John Morris *M. D.*
Medical Attendant.

Undertaker, J. Hasle

Place of Business, 411 Light Street *Address* No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Burnham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Cor Brown & Elizabeth Lane

Cause of Death, First (Primary.) Pulmonary Consumption

Second (Immediate.) Marasmus

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 1st

Undertaker, B. Harle.

Place of Business, 411. Light St.

C. M. Dodge M. D.
Medical Attendant.

Address 201 Hanover St Bald.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Questions on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Bellen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ Widower, {Cross out the word not required in this line.}

Occupation, Candidate Notre Dame Novitiate

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada Allegheny Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Convent de Notre Dame Aisquith

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 31 Aug 1878

Undertaker, Adam Fink

Place of Business, 461 W. Jay St

John F. Monnier M. D.
Medical Attendant.

Address, S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878. Antoinette

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. and Tillie Wagner, Y

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 Hours, ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 331 E. Pratt st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature.

Duration of Last Sickness, Six hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Sept. 1, 1878

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway

Nicholas L. Dashiell M.D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Piasecki

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 275 S. Ann St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Dentition

Duration of last Sickness, Month

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, September 1st 1878

Undertaker, H. M. Gilmeyer

Place of Business, 241 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27331

SEP 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 10 days.

Place of Death, {Give street and number} 138 Ridgely St.

Cause of Death, First, (Primary,) Dr's Theid

Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 1st Sept

H. L. Jones *M. D.*
Medical Attendant.

Undertaker, J. Schaefer

Place of Business, 15 d Saunds

Address, 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1878 — 0 Months

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} None "Infant Spies"

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 665 N Baltimore St

Cause of Death, {First (Primary,) Cyanosis — Second (Immediate,) Convulsions —

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, 1st Sept. 1878

Undertaker, Wm Davis

Place of Business, 434 S. Bond St

Wm Keyser — M. D.
Medical Attendant.

Address, 11 W Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

27335

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hollinger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 27 S. Eddl. Ave.

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) Hemorrhage

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Aug Sept. 1. 1878

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

G. G. Rusk M. D.
Medical Attendant.

Address, Balt Mad Co Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Allan Langdon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 mo. 4 days.

Place of Death, {Give street and number.} 120 Mosher St.

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) "

Duration of Last Sickness, 2 or 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 1st 1878

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Ann Fenwick

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 228 Aisquith

Cause of Death, { First, (Primary,) Cancer

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 5th

Undertaker, [illegible]

Place of Business, 1 [illegible] Lafayette

DR. J. H. SMITH, SEP 1 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bonnet

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, White washer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Waldenburg Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} No. 190 S. Caroline St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, September 2d 1878

Undertaker, Leonhard Vidtz

Place of Business, S. Bond & Fritch 277

E. L. Boris M.D.

Medical Attendant.

Address, 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. L. Sparrow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Stricker Street No 427

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Apnoea

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Lower Marlboro Calvert Co L. G. Sparrow M. D.
Medical Attendant.

Date of Burial, Sept 1

Undertaker, C. H. Blazer *Address*

Place of Business, 201 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1171

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kirchner

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ ~~Months,~~ Days

Color, White

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 N. Wolfe St

Cause of Death, First (Primary,) Eclampsia neonatorum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 1st 1878

Undertaker, Mc. Spence

Place of Business,

J. Hutchin M. D.
Medical Attendant.

Address, 218 S. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hahn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number} Orleans St.

Cause of Death, First, (Primary,) Varicose Vein

Second, (Immediate,) Hemorrhage

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, September 2.

G. G. Lusk M. D.
Medical Attendant.

Undertaker, John Hennig.

Place of Business, 386 Orleans St. *Address,* Balt. & Mark. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 27341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah E. Merryman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* ____ *Months,* ____ *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Chester nr. Entaw Lane & Sister of Charity

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, September 2nd 1878

Undertaker, C Eckhardt

Place of Business, 269 Canton Ave

Dr J Wilkins M. D.
Medical Attendant.

Address, Pratt & Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27341

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cummings

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* —— *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Harrows Alley

Cause of Death, {First (Primary,) Marasmus} {Second (Immediate,) Inanition}

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 2nd 1878

Undertaker, Wm H Birkhead Jr.

Place of Business, 9 & Druid Hill Ave

Blenkle M. D.

Medical Attendant.

Address 51 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 27342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie L. Griffith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Four (4) *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 381. Scott St.,

Cause of Death, { First (Primary,) Scarletina Anginosa / Second (Immediate,) Convulsions

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 2d 1878.

Jno D Blake M. D.
Medical Attendant.

Undertaker, John Mosher

Place of Business, No 150 Caroline

Address 140 Jas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 27343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Aug. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Lewis Saunders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 17 Cambridge St.

Cause of Death, First (Primary,) Chronic Entero-Colitis

Second (Immediate,) Asthenia

Duration of Last Sickness, With Intervals of Improvement, Since June 1st

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cem

Date of Burial, Sept. 2nd 1878

Undertaker, Theo J Locke

Place of Business, 52 Jefferson

B F Lee *M. D.*
Medical Attendant.

Address 20 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 27344

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Richards

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cuba

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} #198 Aisquith St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Paralysis of Brain

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 1 / 1878

Undertaker, Wm H. Hickman

Place of Business, 1223 1/2 Jay

Geo. A. Warman M.D.
Medical Attendant.

Address, #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 27345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Catharine Weinteber

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Scholar~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 821 W Batt St

Cause of Death, {First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 12th 1878

Undertaker, P. Kinnert

Place of Business, 317 Mulberry

J. R. McSherry M. D.
Medical Attendant.

Address, 182 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 27346

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hutton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, d

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} 9 Parish St - Vine St N of Shuter St

Cause of Death First, (Primary,) Valvula Disease of Heart Hydrothorax,

Second, (Immediate,) General Dropsy.

Duration of last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 1= 2d 1878

Undertaker, Wm. A. Dunges

Place of Business, c/o 10 Sheeton, Alley

John Veff M. D.
Medical Attendant.

Address, 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 27347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Ennis.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 4 Youngs Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Meningitis.

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, Sept 2d 1878

Undertaker, Wm. L. Dungee

Place of Business, # 62 East, St.

Geo. F. Taylor M. D.
Medical Attendant.

Address, # 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Patapsco & Neck Balt. Co

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and number} 18 S. Dryden Ave Ft.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Secohd, (Immediate,) Bronchitis

Duration of last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St C.

Date of Burial, Sept 3rd 1878 H. G. Rusk M. D.

Medical Attendant.

Undertaker, John M. Leech

Place of Business, Wolf St. *Address,* Balt. Md. 25.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or [illegible] within *twenty-four hours* after the death of said deceased, or sooner, if requested so to

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT [illegible]

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Nams of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Mc Gunagle

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 370 N. Washington St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 2nd 1878

Undertaker, John Herwig

Place of Business, 386 Orleans St *Address,* Comm of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter McEnany

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 24 years in in Balt U S

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 170 S Central Ave

Cause of Death, {First (Primary,) Accidentally Kicked by his own horse

Second (immediate,) Injury to chest breaking ribs

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 2d

{*Undertaker,* M Feeley

Place of Business, 30 Bank St

Edw D Rowalker *M. D.*
Medical Attendant.

Address Govans Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 27357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Dambré

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 25 *Years,* Two *Months,* and Eleven *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shipping Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 30 [illegible]

Cause of Death, { First (Primary,) [illegible] Typhoid [illegible] Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 2nd 1878

Undertaker, Mr. C. H. Weaver

Place of Business, 22 N Fayette St Baltimore Md

[illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McElwee

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Chair Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 104 S. Gay St.

Cause of Death {First, (Primary,) Apoplexy

{Second, (Immediate,) Stroke

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 2nd 1878

Geo. C. Thurston M. D.
Medical Attendant.

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St. *Address,* 421 S. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aristides N. Gaw

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~~~ *Years,* 1 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} # 244 N. Caroline St.

Cause of Death, {First (Primary,) Asphyxia, from being overlaid. Second (Immediate,) ~~~~}

Duration of Last Sickness, ~~~~

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, September 3rd 1878

Undertaker, Henry Keck

Place of Business, 19 N. Eutaw St.

Geo. A. Martin M.D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Two *Months,* — *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 3 Bayard ll

Cause of Death, First (Primary,) Chd Infantum

Second (Immediate,) Consumption Bowels

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Sept 1 1878

R Goodwin M. D.
Medical Attendant.

Undertaker, Fred'k A. Kirchner

Place of Business, 50 S Carrollton Ave *Address* 412 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 27355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jones.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Typhoid Fever. Second, (Immediate,)

Duration of last Sickness, 11 days,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Sept 2d 1878

Undertaker, Fred'k Kirchner

Place of Business, 508 S. Carrollton Ave. *Address,*

J. L. Powell M. D.
Resident Physician
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Gade

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Coach Trimmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 207 Madison Ave.

Cause of Death, {First (Primary,) Enteritis.

{Second (Immediate,)

Duration of Last Sickness, 4 Weeks. 11

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetry

Date of Burial, Sept 3 1878

Undertaker, Thos S Hughes

Place of Business, 238 Madison Ave & Cor E Balto St

Jno. T. Powell M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Beben

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 68 years.

Place of Death, {Give street and number.} 148 George St.

Cause of Death, {First (Primary,) Chronic Eczema

Second (Immediate,) Pyaemia

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 2nd 1878

J. W. C. Cuddy. M.D.
Medical Attendant.

{*Undertaker,* Andrew Leitz

Place of Business, 1182 Druid Hill Ave

Address 380 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Davidson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, dont know

Place of Death, {Give street and number.} 62 South Eutaw

Cause of Death, {First (Primary,) Crank Colic, / Second (Immediate,) Pain & Evacuations

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cemetery

Date of Burial, Sept 2d 1878

{*Undertaker,* Armstrong & Sons / *Place of Business,* 263 Eutaw

A. J. Dodge M. D.
Medical Attendant.

Address 201 Hanover St Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Büttner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 36 S. Castle Street.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, 3 September 3

James [illegible] M. D.
Medical Attendant.

Undertaker, Wendelin Diffel

Place of Business, S. Bond st. 151 *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

Date of Death, Sept 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Cronin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Six (76) *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 67 Myrtle St

Cause of Death, First (Primary,) Old Age.

Second (Immediate,) Natural Causes

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 3rd 1878

Undertaker, Wm Wharton

Place of Business, No 150 Camden

Jno D Blake M. D.
Medical Attendant.

Address 410 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Virg. Serrin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* 23 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} 2 Vincent St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 7 mos. (?)

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery W. J. McDowell M. D.

Medical Attendant.

Date of Burial, Sept 3

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Crowdy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Plum Row

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Sept 3 1878

Undertaker, S. W. Chase

Place of Business, S. Howard *Address,* James A. Cleaver M. D.

Comm'r of Health
Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Exam by, Dr. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moale

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 256 S. Caroline St

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Schartz Cemy

Date of Burial, Sept 3 1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Wendel Dilgard

Place of Business, S. Bond St *Address,* Comm of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2. 9. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Detzer

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, / *Years,* 6 ~~*Months,*~~ ~~*Days*~~

Color, Wh

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bath

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 244 S. Bethmont

Cause of Death. First (Primary,) Hydrocephalus acutus

Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft St Paul Cemtry

Date of Burial, Sept 3d

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

F. Fletcher M.D.
Medical Attendant.

Address, 245 S. Bethmont

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Resch

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 Jears

Place of Death, {Give street and number.} 102 Lancaster st.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " "

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews County

Date of Burial, Sept 3d

Undertaker, H. Frechtich

Place of Business, 246 Eastern Av

E. L. Bons M.D.

Medical Attendant.

Address, 406 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Curry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} 39 E Baltimore St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, Sept 3. 1878

Undertaker, William S. Sluyer

Place of Business, 10 Stockton Alley

H. L. Dicus M. D.
Medical Attendant.

Address, 339 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2736 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew R. B. Goodwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 5 *Months,* 23 *Days.*

Color, Colored (not black) *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter in Store

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 6 Carlton St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate.) Asthenia

Duration of Last Sickness, About 4 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 1878

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Wm. H. Purnell

Place of Business, Mary Litchenberger Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B Parsons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} No 48 E. Lombard St

Cause of Death, First, (Primary.) Uraemia

Second, (Immediate,)

Duration of last Sickness, 60 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 4th

Chas T Jones M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Eastland Square *Address,* 503 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ella Greene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No. 89 Patterson Ave.

Cause of Death, First (Primary,) Diphtheritic Croup.
Second (Immediate,) Asphyxia.

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sep 3

Charles J Geiger, A. M., M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Pearl *Address* No 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...r this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte A Fraily

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} N E Cor Dolphin & Division st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, September 3rd 1878

Undertaker, C H Blizzard

Place of Business, 201 Penna Avenue

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Septr. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Beskraft

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fourteen *Years,* Three *Months,* One *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 137 Townsend St.

Cause of Death, First (Primary,) Epilepsy, probably caused by a fall in infancy

Second (Immediate,) Phthisis pneumonalis, Acuti,

Duration of Last Sickness, Has been Epileptic for years tuberculous for mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 3

Undertaker, C W Blizzard

Place of Business, 201 Penn av

Silas Baldwin M. D.
Medical Attendant.

Address 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hess "

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number.} No 11 Madira

Cause of Death, First (Primary,) Puerperal Fever.

Second (Immediate,) Apnoea

Duration of Last Sickness, 12 days Furlow

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sep. 3 1878

Undertaker, M. France

Place of Business, 240 Canton Ave

J. H. Clarson M.D.
Medical Attendant.

Address, 312 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Kane

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 104 Gay Town

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ...

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemitery near Govan Town

Date of Burial, Sept 3rd 1878

Undertaker, James A Payne

Place of Business, No 63 N Front St

Wm J Gatch M. D.
Medical Attendant.

Address, 24 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 2.d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Howard

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, / *Years,* *Months,* 3 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 3 N Ally

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, the Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3 d 1878

{*Undertaker,* B. Sonnendell

Place of Business, 152 Spring St

E H Rutledge *M. D.*
Medical Attendant.

Address, N E Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno E. Wholley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~2~~ 7 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow, Widower~~, {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 1/2 Months

Place of Death, {Give street and number.} No 27 S. Poppleton St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Eight (8) Years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 3d

H. L. Ghiselin M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 Eutaw St *Address,* 37 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Prado

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* *Months,* One *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 376 Lanvale St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 376 Lanvale St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 3rd 1878

Undertaker, C B Cook

Place of Business, No 707 W Baltimore Street

Richard McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Griffith

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 35 N. Wolf St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Sept 3 1878

Undertaker, Gaylor Bro

Place of Business, Broadway

James H Lemmon M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

This Special ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline & John F. Bohle (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 Minutes *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 86 Lowson St

Cause of Death First, (Primary,) Mal Presentation

Second, (Immediate,) asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Luth

Date of Burial, Sept 4th 1878

James A Steuart M. D.

Undertaker, H. Frohlich

Place of Business, Canton Av *Address,* Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

[OVER.]

Special attention of ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 September 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 1 14 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sep. 3. 1878

Undertaker, Saml Bowser

Place of Business, 152 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Date of Death, Sept 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Gaunell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Northern P. Cemetery

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hamdenville Balto Co. M. E. Church

Date of Burial, Sept 4th by Falls Turnpike

M. D.
Medical Attendant.

Undertaker, C. C. Rodenmayer *Address* Corner Eden

Place of Business, 38 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bacon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 495 Augusta n

Cause of Death, {First (Primary,) Indigestion

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 4th 2 o'clock

Undertaker, George C Rademaker

Place of Business, 38 Exeter St

P A Wunn M. D.
Medical Attendant.

Address 256 N Eden n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules as below, and to date of Burial on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Edwards

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* 22 *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 14 St Dallas st

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Typhoid

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 2nd

Undertaker, Wm J Ecker

Place of Business, 41 Light st

F. L. Rundell M. D.
Medical Attendant.

Address, Broadway Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Fuller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Brick maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and number.} 285 N. Eutaw St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) "

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician

Place of Burial, Small Cemetery

Date of Burial, Sept 3rd 1878

Undertaker, Harding Sons

Place of Business, [illegible]

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas H Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years.* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Fort ? Years May Res Bond St Corner

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Heart Disease

Duration of Last Sickness, Another & sudden death

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, Aug 29th 1878

Undertaker, Edward Brantz

Place of Business, 31 Light St

Edward Brantz *M. D.*
Medical Attendant.

Address Corner Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

Permit No. 27385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hellhorfer

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 84 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Belair Av.

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius

Date of Burial, Sept. 3, 1878

Undertaker, Henry Heath

Place of Business, 307 Central Ave

P. L. Daunt, M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 1. *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 124 N. Durham St.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. *Date of Burial,* September 4, 1878

Francis A. Sauer *M. D.*
Medical Attendant.

Undertaker, Henry Hoyle

Place of Business, 709 Lombard *Address* 106 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Weigand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 3 N. Eden Bet Fayette & Lexington

Cause of Death, {First (Primary,) Senility

Second (Immediate,) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *M. D.*

Date of Burial, September 4, 1878 Medical Attendant.

Undertaker, Chas. Hoepfl

Place of Business, 387 Eutaw Street *Address* Cor Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louis Johnson Beard

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Invalid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 360 Lexington St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Diarrhea

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

The above is the best information that I can give having been called to see him just after death

Place of Burial, Green Mount Cemetery

Date of Burial, September 4th 1878

Jno. C. Harris M. D.

Medical Attendant.

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St.

Address No 360 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept- 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hoard

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 80 N Bethel St

Cause of Death {First, (Primary,)} Pulmonary Consumption

{Second, (Immediate.)}

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 3 1878

Undertaker, Wm. L. Dunn

Place of Business, No 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Robertson,

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, W Lite.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 1441 E. Baltimore St.

Cause of Death, First (Primary,) Consumption,

Second (Immediate,)

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 4th 1878

Undertaker, Wm A Davis

Place of Business, Broadway

S. N. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester Harvey Howell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York State

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 108 German St

Cause of Death, First (Primary,) ... Consumption

Second (Immediate,) ...

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 4th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

M K Warner M. D.
Medical Attendant.

Address No 8 N Grmn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wm Eldridge

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 194 Robey St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem

Date of Burial, Sept 4th 1878

Undertaker, T. A. Kerchner

Place of Business, 50 S. Carroll St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when such case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

Exam by Dr Vansant

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moranda Hullet

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Twenty *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Chambermaid

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Northumberland Co. Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No. 3 Chase St.

Cause of Death, First (Primary,) Abdominal Phthisis

Second (Immediate,) Emaciation

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 3

Undertaker, S. M. Chase

Place of Business, 192 S. Howard St.

I. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 2 & Alley

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, September 3

Undertaker, J. H. Chase

Place of Business, 197 S. Howard St

Gordon Gatch M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Special attention of [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 25 *Years,* 5 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 3 Lowson Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Co

Date of Burial, September 5

Undertaker, H H Chase

Place of Business, 198 S Howard St

C. L. Buckler M.D.
Medical Attendant.

Address, 166 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Christened a Parents Edward & Ella Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 212 S. Sharp St.

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Atelectasis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 5

Undertaker, J. H. Chase

Place of Business, 198 S. Howard St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Foster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancashall Street near cross

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 39 Crook Alley

Cause of Death, First (Primary,) Natural

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Ft. St. Francis Cem

Date of Burial, Sept. 4th 1878

Undertaker, Louis Koehler

Place of Business, Sharp & Lombard

G. K. Wiley *M. D.*
Medical Attendant.

Address 252 Hanover St
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Patrick Phillips

Sex, Male or Female, {Cross out the words not required in this line.}

Age, *Years,* 11 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 3 Westfall Av

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 4th 1878

Undertaker, H. W. Mears

Place of Business, 45 N Gay St

Geo. H. Watson M.D.
Medical Attendant.

Address, 18 Dugan Ct

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate. 16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Renayne

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* —— 1 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 243 W. Hoffman St

Cause of Death { First, (Primary,) Dyspepsia
Second, (Immediate,) Ex. Haemorrhage
Since Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 4th 1878

Undertaker, John S. Andrews

Place of Business, 202 Hill *Address,* Com of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Hautzel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bull City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 3 L. McElroy's Ct

Cause of Death, First, (Primary.) Scarlatina anginosa

Second, (Immediate,) Dipth-Phis

Duration of last Sickness, Twelve (12) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 4 1878

Undertaker, Henry Myers

Place of Business, 109 Caldwell Ave

W. Sloan M. D.
Medical Attendant.

Address, Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Adkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 13 *Months,* ~~Days.~~

Color, Col ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 East Church St

Cause of Death, {First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 4th 1878

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St.

Jno. S. Say *M. D.*
Medical Attendant.

Address Baltimore City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Stanley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Any thing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} 31 Church St

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pedo Cemetery

Date of Burial, Sept 6th 1878

Undertaker, F. A. Kershner

Place of Business, Carroll Ave *Address,* Hanover & Barre Sts

R. C. Lee M. D.
Medical Attendant.
Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Delasie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 76 N. Harrison

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery *Geo B Reynolds* *M. D.*

Date of Burial, Sept 5 Th 78 Medical Attendant.

Undertaker, Eppa Elias *Address* 43 N. Calvert

Place of Business, 101 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Pepperdast,

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 74 Boyd St.,

Cause of Death, First (Primary,) Bright's Disease,

Second (Immediate,) Asthenia

Duration of Last Sickness, 16 Months,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 5

Undertaker, Jas. B. Cook

Place of Business, 707 W. Baltimore st

Wesley Chambers, M.D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elvina Ely

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 411 S Paca

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial, Sept 6th 1878

Louis [illegible] M. D.
Medical Attendant.

Undertaker, W. H. Sander

Place of Business, 252 Canton Av. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. William Thiel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1811 S. Gilmor Street

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, Sept. 5th 1878

Geo. [illegible] M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 232 Canton Ave. *Address,* 68 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Harriet & M. Polk Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 183 Vine St

Cause of Death { First, (Primary,) / Second, (Immediate,) Premature Birth

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Sept 3rd 1878

Undertaker, S W Chase

Place of Business, S Howard

Jas Stewart M. D.
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Feltzbaucl

The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Greevy

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 253 S. Broadway

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, during life time

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemby

Date of Burial, September 5th 78

Undertaker, H Clarke & Sons

Place of Business, 64 E Balt St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lovella Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years* One (1) *Month* Three (3) *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fort Wilson Balt Co

Duration of Residence in the City of Baltimore, Infants

Place of Death, {Give street and number.} No 301 S Pa Ave

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 5 1878

Undertaker, John Sheehan

Place of Business, No 150 Camden

Dr. D. Blue *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levin Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 281 Maryland Ave

Cause of Death, First (Primary,) Senile Bronchitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 6th 1878

Undertaker, Wm Mboocher

Place of Business, No 150 Camden

H. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Albert Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 10 Jackson's Court

Cause of Death, First (Primary,) Gastro Intestinal Irritation

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 33 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 6th 1878

Undertaker, P. Kemmett

Place of Business, Mulberry St

D. F. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the reverse of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lischke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 244 Caulon av.

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Wood Lawn Cem.

Date of Burial, September 5th

Undertaker, Henry Snyder

Place of Business, 25 Hanover St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Durham

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 21 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 23 Thames St

Cause of Death, {First, (Primary.) Child was brought to my office in a dying

{Second, (Immediate,) (Not Known) Condition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetary

Date of Burial, Sept 5 1878

Undertaker, A. C. Watchman

Place of Business, 179 S Bond St

Thomas D. Evans M. D.
Medical Attendant.

& Stewart

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Franckenberg

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* ~ *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 192 Hanover St

Cause of Death First, (Primary.) Disease of the Heart Natural Causes

Second, (Immediate.) Exhaustion Prostration

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew

Date of Burial, Sept 6th 78

Undertaker, Wm. Eilers

Place of Business, 101 Gough St

Theodore Bode M. D.
Medical Attendant.

Address, 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lena Berkhart

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 161 Johnson St.

Cause of Death { First, (Primary,) I did not see the child before death but obtained the following information from attending Physician and Parents. Second, (Immediate,) Infantile Cholera

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem. Govanstown

Date of Burial, September 5th

Undertaker, S. Hearle

Place of Business, 411 Light St. *Address,* 146 Hanover St

Norton Orel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thomson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} S. W. Cor. Lombard & Paca Sts.

Cause of Death {First, (Primary,) Phthisis Pulmonalis (as stated by one applying for certificate as Sheriff not Undertaker nor for funeral)
Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Sept 5th

Undertaker, William Weaver

Place of Business, 202 Eutaw St *Address,* 306 W. Fayette Street

Chas W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fike Richard Daily

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 9 Greenmillion Ch

Cause of Death {First, (Primary,)

{Second, (Immediate,)} Inflamed Brain

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, Sept. 5th 1878

Undertaker, Wm. H. Bishop

Place of Business, 99 Druid Hill Ave

Medical Attendant. M. D.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Date of Death, September 3th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friend

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 57 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Chareoal Burner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} No 183 Madeira ally

Cause of Death, First, (Primary,) Disease of the Heart. from

Second, (Immediate,) (arterial ossification

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Burial Place

Date of Burial, September 5th 1878

Undertaker, C. Ecklardt

Place of Business, 269 Canton ave

Thos J Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty nine *Years,* 2 *Months,* ..... *Days.*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland, Twelve years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 Thames St.

Cause of Death, {First (Primary,) Laundice,
Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Bal to Cemetery

Date of Burial, Sep 6th 1878

{*Undertaker,* Fry & Zio
Place of Business, 57 N Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H Owens

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Eleven *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number.} No 745 Hughes Street

Cause of Death, {First (Primary,) Abdominal Phthisis?
Second (Immediate,) Peritonitis & Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 6 th

Undertaker, Hercules Boss

Place of Business, 96 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 1446 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Servan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} N. 20 Monument

Cause of Death, {First (Primary,) ; Second (Immediate,) Consumption.

Duration of Last Sickness, 15 mos

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Sept 5 th 1878

Undertaker, Jas. P Byrne

Place of Business, 63 Franklin

J H Buchanan M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 27422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Sept. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt B. Wilson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 Scott st

Cause of Death, {First (Primary,) Scarlet fever

Second (Immediate,) Diptheria

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 6th 1878

{*Undertaker,* John S Wacker

Place of Business, No 158 Cond st

H. W. Webster M.D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27423.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Mahoney

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, 40 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 17yrs in America

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Mitral regurgitation

Second (Immediate,) Syncope

Duration of Last Sickness, about 1 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 5th 1878

Undertaker, [redacted] Schultheis

Place of Business,

Thos J Curley M.D.
Medical Attendant.

Address, 188 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Date of Death, September 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy L. Hunter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady's Companion

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 22 Wilson st.

Cause of Death, First (Primary,) Brain softening

Second (Immediate,) Paralysis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 6th 1878

Wm Dickson M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, No 46 Druid Hill Ave Address 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Date of Death, Sept 4th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Jankowski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 320 Alice Anna St

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,)

Duration of Last Sickness, Several hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem'y

Date of Burial, 6 Sept 1878

Undertaker, John P. Pfeil

Place of Business, 265 Aisquith

John H. Kehberger M.D.
Medical Attendant.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Graham

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Fireman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Union Mills Harford Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Cor Lime & Caroline Sts

Cause of Death, First, (Primary.) —

Second, (Immediate.) Accidental Cut, Ki[illegible]

Duration of last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Elicott City

Date of Burial, Sept 6th 1898

C C [illegible] M. D.
Medical Attendant.

Undertaker, Wm Mackie

Place of Business, No 150 Camden *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1172

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Gunby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 22 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 29 Wayne Pl

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,) ____

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6. 1878

Undertaker, Samuel H Chase

Place of Business, 3 Howard St

M. K. Whitelaw M. D.
Medical Attendant.

Address 129. S. Charles St

Res ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27428,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bonney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Two Weeks *Months,* Three *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, One year two weeks three days

Place of Death, {Give street and number.} # 4 Little Pine St

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept. 6. 1878

A. K. Ransone *M. D.*
Medical Attendant.

Undertaker, Samuel W. Chase

Place of Business, 178. S. Howard St *Address* 347 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Anna Mernia Birkleotge

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 7 *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pierce Alley Canton

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Pierce Alley Canton

Cause of Death, {First (Primary,) Gastric fever

{Second (Immediate,) Gastric fever Convulsion

Duration of Last Sickness, Two week (2)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 6th 1878

Undertaker, Hen Frodulich

Place of Business, Canton Ave

J E Richards M.D.
Medical Attendant.

Address, 28 O, Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John F Duering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 23 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 15 Penn Av.

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 6th 1878

Undertaker, C. Wilgoud

Place of Business, 53 Druid Hill Ave

John C Harris M. D.
Medical Attendant.

Address No 360 Lexington St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept - 4th - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Thomas Lemmy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 826 W Lombard St - Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 10 Mos 8 days

Place of Death, {Give street and number.} At Home Lombard St & Dunbar alley

Cause of Death, First (Primary,) Cynanche Tracheatis

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 26

Dr. J. L. Larkin M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 782 W Pratt St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the list of diseases on the other side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Bitzel

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Broadway & Monument Sts

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Chol Infantum

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, Sept 6 1878

Undertaker, L. L. Rossing

Place of Business, 136 E. Fayette St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27433,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Doosey

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 107 Chestnut St

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 6th 1878

Undertaker, Wm. N. Dungan

Place of Business, No 62 East St

E H Cullop M.D.
Medical Attendant.

Address, North E Defensaup

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Schmidt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 20 Columbia st

Cause of Death { First, (Primary,) Typhoid Fever

Second, (Immediate,) 16 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7th 1878

Undertaker, Peter Mackie

Place of Business, No 150 Camden st

J St Cuney M. D.
Medical Attendant.

Address, 26 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Wagner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* Two (2) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 252 N. Paca St

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Bronchitis Capillaris

Duration of last Sickness, 2 & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 6 Sept 1878

J. Pershing M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 464 North Gay *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 41.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 — 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Keller

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 34 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number.} 312 Orleans

Cause of Death, {First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Chas. P. G. Dausch M.D.

Date of Burial, Sep. 7 '78 Medical Attendant.

{*Undertaker,* M. France *Address,* 27 N. Broadway

{*Place of Business,* 220 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE

Date of Death, September 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leticia Hissey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, \ *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Randall St

Cause of Death, First (Primary,) Enteric Colitis

Second (Immediate,) Inanition

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cemetery

Date of Burial, Sept 7th 1878

Undertaker, John Meaches

Place of Business, No 150 Camden St

R. H. P. Ellis M. D.
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Mackall

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ~~Eighteen~~ *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County Md

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 13 Clarkson's Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6th 1878

Undertaker, Hercules Ross

Place of Business, Conway St.

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th T.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schilling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} On Ellicotts & Canton Sts

Cause of Death, First (Primary,) Phthisis, Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, Sept 6th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

E. I. Williams M.D.
Medical Attendant.

Address 17 Belvidere St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Sarah Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *10* *Months,* ____ *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 32 N Bond St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } as above

Cause of Death, First (Primary,) Debilitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept. 6th 1878

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

W. H. Thompson M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Foos

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, R R Employee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 193 S Chester St

Cause of Death, First (Primary,) Accident (Gunshot)

Second (Immediate,) Crush between two cars

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8 1878

Undertaker, M. A. Dazer

Place of Business, 74 S. Broadway

Edw D Reese M. D.

~~Medical Attendant.~~ Coroner

Address 183 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE.

Date of Death, Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriah Bo

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} New

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1328 near Fell

Cause of Death, First, (Primary,) —

Second, (Immediate,) Drowned

Duration of last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Sep 6 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

K. C., M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Needham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifteen *Years,* Seven *Months,* Five *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, About Eight (8) Yrs

Place of Death, {Give street and number.} No 9 Paris Alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D. C. Skinner M. D.

Date of Burial, Sept 7th 1878 Medical Attendant.

Undertaker, W. M. Dugan *Address* 626 Lexington St

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Hooper

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and number} 94 Camden Street

Cause of Death, First, (Primary,) Fibroid Tumor of Uterus

Second, (Immediate,) " " "

Duration of last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Friendship A. Asso. Balt Md

Date of Burial, Sept 8th

B. B. Browne M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Daniel Hill 1173

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ann Shark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 111 Mulligan St

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) .....

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 6th 1878

D W Cathell M. D.
Medical Attendant.

Undertaker, Chas J Lockel

Place of Business, 37 Jefferson *Address,* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Fannie Busby (Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 113 Chestnut Alley

Cause of Death {First, (Primary,) } {Second, (Immediate,)} Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemety

Date of Burial, Sept 6 1878

Undertaker, Fred Kerchner

Place of Business, 50 S. Carroll St

James Timms M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 27447

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Neal

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, one *Years,* — *Months,* — *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 82 Eden Lane

Cause of Death, First, (Primary,) Bronchitis (?)

Second, (Immediate,) Oedema of Lung & Exhaustion

Duration of last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, W. Pabbie Cem

Date of Burial, Sept 2 1878

B. F. Sowers M. D.
Medical Attendant.

Undertaker, F. A Kershner

Place of Business, 50 S. Conkling *Address,* 248 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Loughlin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 116 S. Dallas

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 6th 1878

Undertaker, John C Gordon

Place of Business, 63 Park Ave

C. A. Wilkins M. D.
Medical Attendant.

Address, 116 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gravelin

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, One Year, Two Months, Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 24 Hillen St

Cause of Death, {First (Primary,) Croup

Second (Immediate,) Apnea,

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cemetery

Date of Burial, Sept 6th 1878

Undertaker, Wm H Gorsuch

Place of Business, 1123 ~~Pratt~~ Pa

I Wesley Chambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Nes

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 58 *Years,* 4 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Lady

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 371 S. Hanover St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Bronchitis

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 7th 1878

Undertaker, Wm. A. Miller

Place of Business, 239 Hollins St

John Hunt M.D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Gorman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N E Cor Eutaw & Chestnut

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept. 5th 1878

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Jno H Bosley Jr.

Place of Business, 97 Druid Hill Ave *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 27452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

Date of Death, Sept. 6th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wood

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 7 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 7 yrs

Place of Death, {Give street and number} No 596 N. Balt. St

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sp. 7

Undertaker, J B Coop

Place of Business, 707 W Pratt

Chas Wm Witz M. D.
Medical Attendant.

Address, 306 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Brison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 209 Hamburg St

Cause of Death { First, (Primary,) Brain trouble Caused by a fall
Second, (Immediate,) Convulsion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cem

Date of Burial, Sept 7 1878

Undertaker, Herael Perr

Place of Business, Conway — *Address,* Commis of Health

M. D. ~~Medical Examiner~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lantty

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Forever

Place of Death, {Give street and number.} No 389 Orleans st

Cause of Death, First (Primary,) Typhoid Fever & rest

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 8

Undertaker, John Herwig

Place of Business, 386 Orleans St.

J. Ridgway Judd M. D.
Medical Attendant.

Address, No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

Date of Death, Sept 5th '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Spalding

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 239 Dolphin St

Cause of Death, {First (Primary,) P Thisis pulmonalis / Second (Immediate,) 1

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, September 7th 1878

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av

Edmund R Walker M. D.
Medical Attendant.

Address 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

Date of Death, Sept. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Hanazahn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn N. York

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 195 East av.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. M. Cemetery

Date of Burial, Sep. 8th

Undertaker, W. Eilau

Place of Business, 106 Gough St

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

Date of Death, Sept 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Pool

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, - *Years,* 6 *Months,* - *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 143 William St.

Cause of Death, {First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem'ty

Date of Burial, Sept 8th 1878

{*Undertaker,* Charles F. Heerwald

Place of Business, 170 Shark St

R. H. J. Ellis *M. D.*
Medical Attendant.

Address 315 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th mo 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Armstrong

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Public School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 156 N. Carey St.

Cause of Death, First (Primary,) Typho-Malarial fever

Second (Immediate,) do —

Duration of Last Sickness, ~~Illegible~~ Twenty-one days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 8th 1878 ~~Mount Olivet~~

Wm Carey Thomas M. D.
Medical Attendant.

Undertaker, Armstrong & Denney

Place of Business, Light & Monument

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

Date of Death, Sept. 6, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ruth.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White.

Married / Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Ridgely St.

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,) 1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 7 1878

Undertaker, Julius Koether

Place of Business, Shop

J. W. C. Cadd M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Mason

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 62 *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 48 Lancaster St.

Cause of Death, First (Primary,) Gen.l Debility

Second (Immediate,) Diarrhoea

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, St Petris Cemetery

Date of Burial, September 8.th 1878.

Undertaker, Leonhard Veutz

Place of Business, 1 Bond St. No. 227.

A. E. Reynolds. M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ida May Snyder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 10 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 84 Pierce St.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

I Having seen it only once ~~I~~ that just as it was dying

Place of Burial, Western Cemetery

Date of Burial, September 7 1878

Undertaker, Mathews Carterpin

Place of Business, 230 Mulberry St

John C. Harris M. D.
Medical Attendant.

Address No 360 Lexington St, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Teresa Bird

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 14 Days.

Color, Mulatto

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 79 S Sharp St

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,)}

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 7/78

Undertaker, Jacob Davis

Place of Business, 103 Leeds

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27463

HEALTH DEPARTMENT SEP 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] Friday Sept 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Heath

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One Years, Six Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 9 Anthony Street

Cause of Death, First, (Primary,) Pemphigus Faciei

Second, (Immediate,) Marasmus.

Duration of last Sickness, Seven (7) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cem

Date of Burial, Sept 8, 1878

Physician M. D.

Medical Attendant.

Undertaker, Henry Fleet

Place of Business, 300 Eutaw

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday January 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Dorsheimer Arcade

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } 419 E. Eutaw street

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Peritonitis

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County [illegible]

Date of Burial, Jan 20th 1878 — *M. D.* Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Penn

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* 0 *Months,* 20 *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore md

Duration of Residence in the City of Baltimore, 5 mos 2 days

Place of Death, {Give street and number.} 6 Mason al

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7th 1878

Undertaker, Wm. P Gray

Place of Business, 68 Monterey St.

Louis McEshuan M. D.

Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

Date of Death, 6 September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Madden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One Years, Nine Months, Eight Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Institution Since

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 8th 1878

Undertaker, Henry H. Mears

Place of Business, 45 N. Gay St

Martin P. Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carpenter

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Twenty~~ Six *Years,* Eleven *Months,* Twenty three *Days.*

Color,

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 374 Lexington St

Cause of Death, {First (Primary,) Bilious Remittent

Second (Immediate,) Congestion Heart

Duration of Last Sickness, 12 Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept. 8th 1878

{*Undertaker,* John S. Thacher

Place of Business, 150 Pandora St

C. B. Noble M. D.
Medical Attendant.

Address 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE 7 1878

Permit No. 27468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmi Kampel

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ____ *Years,* ____ *Months,* 20 *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 530 N. Gayst.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tussis convulo.

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 8th

Undertaker, Gw Schilling

Place of Business, 41 Aisquith St

E Hoffmen M.D.
Medical Attendant.

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Weyhbrecht

Sex, Male or Female, { cross out the word not required in this line. } Male, Weyhbrecht

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Grocery

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 45 y Ears

Duration of Residence in the City of Baltimore, 146 E Fayette

Place of Death, { Give street and number } Round Ulcer of Stomach

Cause of Death { First, (Primary,) } General Dropsy,

{ Second, (Immediate,) } 2 weeks.

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Russing Sts

Date of Burial, Sept 9th

J. Duncan M. D.
Medical Attendant.

Undertaker, Daniel Rossing

Place of Business, No 89 Orleans St *Address,* 72 Holliday St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Flower

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 975 N. Balto, St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Four & a half yrs

All the above information should be furnished by the Physician.

Place of Burial, Govanstown, Md.

Date of Burial, Sept 8, 1878

Undertaker, Fry & Bro,

Place of Business, 54 W Broadway Balto, Md

James Bailey M. D.

Medical Attendant.

Address Cor. Hollins & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto MD.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Neighbor's

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8/1878

{*Undertaker,* S. M. Lehnen

{*Place of Business,* 148 Howard St

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Green

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Col

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, most of her life

Place of Death, {Give street and number} 76 Moores al

Cause of Death First, (Primary,) Unknown, I saw her but once, & that

Second, (Immediate,) when she was moribund

Duration of last Sickness, said to be sick 11 years with Chronic Rheumatism

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 8 1878

Undertaker, S W. Lehnen

Place of Business, 198 S Howard St

T. E. Hinslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Edward Kuhn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Res. 772 Balto St.

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Sept 9th 78

J. Dimmitt Horner M. D.
Medical Attendant.

Undertaker, J. H. Leonard & Son

Place of Business, 827 E. Balto St.

Address, N.W. Cor. Gutter & Wilmot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva McQuinn

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 361 McHenry St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) ~~Disease~~ Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Alexandra

Date of Burial, Sept 8th

Undertaker, S. McLeonard & son

Place of Business, 782 W. Baltimore st

Wm Reynolds M. D.

Medical Attendant.

Address, 1 McFayette Callow

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit permit No 1174

No. 2 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Visnovska

Sex, Male or Female, {cross out the word not required in this line.} Female Visnovska

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland (Germany)

Duration of Residence in the City of Baltimore, one year and a half

Place of Death, {Give street and number} 265 Lancaster St

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Last Illness, has not seen her in two weeks.

Duration of last Sickness, 15 weeks, probably longer

All the above information should be furnished by the Physician.

Place of Burial, St Mephrousas

Date of Burial, September 8

Undertaker, M. Dippel

Place of Business, 15 Read St

L C Wintermeyer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Chaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widowed or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City — Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Myers Court

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Sept. 9th

Undertaker, Wm. Young

Place of Business, No 35 Bank St, *Address*

H. T. Reynolds *M. D.*
Medical Attendant.

Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Hutter

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 47 *Years,* ..... *Months,* 1 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 296 E. .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem

Date of Burial, August 8th 1878

Undertaker, H. Kohler

Place of Business, 244 E. Lombard

Address, ...

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Sept 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Weatherlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, X *Years,* 10 *Months,* *Days.*

Color, C.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} 44 Chestnut st.

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9 1878

Undertaker, Wm A. Durgee

Place of Business, No 62 East st

B. F. Lemmert M. D.
for Dr. Kinnear
Medical Attendant.

Address 264 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River, Anne Arundel Co.

Duration of Residence in the City of Baltimore, Ref. 3 & 4 mos.

Place of Death, {Give street and number.} 14 Jenkins Alley.

Cause of Death, {First (Primary,) Meningitis Cerebralis

{Second (Immediate,) " "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Ferr Hunts St Cemetery

Date of Burial, Sept 8th 1878

Undertaker, [illegible]

Place of Business, [illegible]

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Pennel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 609 W. Pratt St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery F. T. Bonsons M. D.

Date of Burial, Sept 8th 1878 Medical Attendant.

Undertaker, Geo B Cook

Place of Business, No 707 W Baltimore street *Address* 187 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Christian Reinhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Augusta & Eng. etc

Duration of Residence in the City of Baltimore, Augusta & Eng. etc

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Collapse of the lungs

Second (Immediate,) one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery M. B. Billingslea M. D.

Date of Burial, Sept 9th 1878 Medical Attendant.

Undertaker, Adam Fink Address Harford Ave & Biddle

Place of Business, 461 North Gay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 27482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Clarkson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* three *Months,* [illegible] *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} York County: Penn.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} No 135 N. Calvert st.

Cause of Death, First (Primary,) A complication of internal Diseases

Second (Immediate,) Convulsions with Effusion

Duration of Last Sickness, (17 years) (Thirty nine hours)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 10th 1878

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St

Ryzin Buckler M. D.
Medical Attendant.

Address 135 N. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Eichman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 323 Druid Hill ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 10th Sept. 1878

F. C. Chatard M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown — (Farmed out

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* Four *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 24 North Dallas St

Cause of Death, { First (Primary,) Marasmus.
Second (Immediate,) —

Duration of Last Sickness, Two days or more.

All the above information should be furnished by the Physician.

Place of Burial, E. O. Cemetery D. C. Ireland M. D.

Date of Burial, September 6th Medical Attendant.

{ *Undertaker,* Patrick Sutton *Address* Boreman E. Wash —
{ *Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Hammond.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. Y. State.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 224 William St.

Cause of Death First, (Primary.) Chronic Gastritis

Second, (Immediate.) exhaustion

Duration of last Sickness, 8 or 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 10th 78. 2. P. M.

Undertaker, Joseph B. Cook.

Place of Business, 707 W. Balto St

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-2 Shamrock St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Sylvester,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 9 *Months,* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 49 Harrison St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Asthenia

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 9th

Undertaker, Mr Hunt

Place of Business, No 35 Bank

I Westley Chambers M.D.
Medical Attendant.

Address. City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Marsh

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 27 *Years,* 1 *Months,* 2 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 386 E Pratt St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.y

Date of Burial, Sept 10th 1878

Undertaker, Jno. Gerdes

Place of Business, 1046 Druid Hill Ave

J H Carson M.D.
Medical Attendant.

Address, 372 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Reinecke

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Three *Years,* Nine *Months,* Eighteen *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No. 409 Cross St.

Cause of Death, First, (Primary.) Severe Erythematous Pharyngitis

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, September 10. J. Tyler Smith M. D.

Medical Attendant.

Undertaker, F. Pabe

Place of Business, 425 Cross street *Address,* 263 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edw. Wright

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give street and number.} 84. N. Ann. St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 9th 78

Undertaker, Fry & Pro

Place of Business, 234 N Broadway

J. M. G. O'Reilly *M.D.* Medical Attendant.

Address, 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Patrick Regan

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.} Male

Age, 7 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Butte City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Courtland St.

Cause of Death, {First (Primary,) Pott's disease

{Second (Immediate,) Whooping Cough & Pneumonia

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 9th

{Undertaker, Jas F Byrne

{Place of Business, 63 Hunt St

Jas. Scarf M.D.
Medical Attendant.

Address, E. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Blue

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Fifty *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard County

Duration of Residence in the City of Baltimore, Nearly three years

Place of Death, {Give street and number.} 22 Winter St

Cause of Death, First (Primary,) Laryngeal Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Sept 9 1878

Undertaker, S W Slade

Place of Business, S. Howard St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Sunset 1176

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Youngman

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Clifford Alley

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept-10th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

C. L. Rudolph M.D.

Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27493.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Maria Gruber

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 41. *Years,* . *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 56 Greenmount Ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Wensday 11th

Undertaker, Adam Funk

Place of Business, 461 W Gay st

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herman Goetz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~U.S.~~ Canada

Duration of Residence in the City of Baltimore, 1 year 8 months

Place of Death, { Give street and number. } 188 South St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) "

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cem.

Date of Burial, Sept. 11. 1878.

Undertaker, Phil. J. Dill,

Place of Business, 183 Colum. Ave, *Address* 554 W Fayette St

R. Kilgour M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th, 1878, 1 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Henley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 174 East Falls Av

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 10 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* 11 S. 14th St

A Gregor Sherbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lachmiller

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Abbot str.

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 10. 1878

Undertaker, Henry Hgert

Place of Business, 309 Central ave *Address,* 57 Asquith.

C Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellus Owens

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tug Boat Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Maryland.

Duration of Residence in the City of Baltimore, 13

Place of Death, {Give street and number} 108 Fairmount av.

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 11th

Undertaker, Frey & Boo

Place of Business, 54 Fayette & Broady

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Hoffner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} Cor Greenmount & Belvidere Ave

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept. 11th 1878

Silas N. Hunter M.D.
Medical Attendant.

Undertaker, Henry Jenkins & Sons

Place of Business, Light St. Near German

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Oliver Wheat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Ten *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, County.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} No- 2. Whatcoat St.

Cause of Death, First (Primary,) Cer. Spinal Meningitis,

Second (Immediate,) " " "

Duration of Last Sickness, about 10 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co md

Date of Burial, Sept 10th 1878

A. G Fox, M. D.
Medical Attendant.

Undertaker, George Wheat

Place of Business. Balto Co

Address 82. N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Framed 1877

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Flanny

~~*Sex, Male or Female,*~~ { Cross out the words not required in this line. }

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Brick Co -

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S Oregon St

Cause of Death, { First (Primary,) Cholera Morbus / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 10 1878

{ *Undertaker,* J. B. Cook / *Place of Business,* W. Balto St

Chas A Doyon M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Horan

Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 23 yrs

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number} 98 Lee Street

Cause of Death {First, (Primary,) asthma / Second, (Immediate,) old age

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Sept 11th 1878

Undertaker, C. F. Krause

Place of Business, Hanover St *Address,* Comm of Health

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

TURN OVER

Exam by- Joseph Fitzpatrick

No. 27502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pluhar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 Barnes St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 10 "1878

James A Steuart M. D.
Medical Attendant

Undertaker, Henry Hoeck

Place of Business, Canal St

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27503,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Elizabeth Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Bruns Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 10 1878

Undertaker, C. H. Bisson

Place of Business, Penn St

John Bacon M. D.
Medical Attendant.

Address 99 Eagle Line

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Lewis Myers

~~Sex, Male~~ *or Female,* { Cross out the word not required in this line. }

Age, — *Years,* 19 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 605 Penna ave

Cause of Death, { First (Primary,) Gastritis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Sep 10 1878

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Penn Av *Address* 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 27[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Norton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 125 N Howard St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 11th 1878

F E Shatford M. D.
Medical Attendant.

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Boblitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White. — *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer. —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co. Md. — Frederick Co

Duration of Residence in the City of Baltimore, Passed most of his life in Md

Place of Death, {Give street and number.} St Vincents Hospital, —

Cause of Death, First (Primary,) Medical Calculus. —

Second (Immediate,) Nervous Prostration

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Berlin Springs Wicomico Co, Md

Date of Burial, Sept 10th 1878,

Hamilton Smith, M. D.
Medical Attendant.

Undertaker, Wm Beaver

Place of Business, N. Eutaw — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1178

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 865 N. Durham Street

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Marasmus}

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial Bath Cemetary

Date of Burial Sept 11th 1878

Undertaker, Wm H. Hutchinson

Place of Business, 1234 Jay

J E Whiteford M. D.
Medical Attendant.

Address 195 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday. Sept. 9th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Bedford.

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # 9 St James St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) .....

Duration of Last Sickness, One day.

All the above information to be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10 1878

Undertaker, A. Wayman

Place of Business, 7 & Saratoga St

Wilmer Brinton M.D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka C. Brockmann,

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, One *Years,* *Months,* Eight *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 290 Alice Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hydrocephalus,

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Reformed St Paul Cemty

Date of Burial, Sept 10th

Nicholas L. Dashiell, M. D.
Medical Attendant.

Undertaker, F. Froehlich

Place of Business, 246 Eastern Av *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Raymond

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 14 Mos 8 days

Place of Death, {Give street and number.} 352 W Pratt st

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 11th 1878

Undertaker, Wm Starcher

Place of Business, No 150 Camden st

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 Sept. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Badders

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 12 *Years,* ..... *Months,* ..... *Days*

Color, colt

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 88 N. Biddle St Balt

Cause of Death, First (Primary,) Lockjaw

Second (Immediate,) .....

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St John's P. E. Cem Waverly

Date of Burial, Sept 11th 1878 G Lane Tanyhill M.D.

Medical Attendant.

Undertaker, Chas. T. Scriven *Address,* 129 N Biddle

Place of Business, 211 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Lewis Chapman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 16 *Days.*

Color, Wh—

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Johnson st.

Cause of Death { First, (Primary,) —— / Second, (Immediate,) Enteritis

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 11th 1878

Undertaker, Thos Lemmon

Place of Business, 263 Light

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Lopez Bernardes, M.D.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Physician in Practice.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cuba.

Duration of Residence in the City of Baltimore, 9 ~~months~~ years

Place of Death, { Give street and number. } 414 N. Eutaw

Cause of Death, First (Primary,) Phthisis.

Second (Immediate.) ~~Atrophy~~. Tuberculosis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, Sept 11th 1878

J. E. Matthews M. D.
Medical Attendant.

Undertaker, I B Cook

Place of Business, No 707 N. Baltimore Street

Address N. E. cor Fayette & Pa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Leonard

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 weeks,

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Traumatic injuries.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

J L Powell M. D.
Medical Attendant.

Place of Burial, St Peters cemetery

Date of Burial, Sept 11th 1878

Undertaker, W B Cook

Place of Business, 1107 W Baltimore Street *Address,*

Robert Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Virginia Woodford

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eliza Ennalls Thompson

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 42 *Years,* 3 *Months,* 24 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County Md

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 64 Harlem Avenue

Cause of Death, First (Primary,) Scirrhus of Pylorus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Spring Dale Dorchester Co Md

Date of Burial, Sept 12/78

Undertaker, Elwood & Mann

Place of Business, 32 Park Ave

C H Stam M.D.
Medical Attendant.

Address, cor 16th & Liberty sts

C M Cadden Md
850 Arlington Avenue.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Daniel 1179

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Vogt.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* 9 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fredericksburg Md -

Duration of Residence in the City of Baltimore, 2 years -

Place of Death, { Give street and number. } 61 Amity st (north)

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, about five days -

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery in the Evening [illegible] J Harvey Steele M. D.
Medical Attendant.

Date of Burial, Sept 11 1878

{ *Undertaker,* D Kummert
{ *Place of Business,* 317 Mulberry *Address* 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Rogue

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baets City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} Harrison & Fayette Sts

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 11 1878

Undertaker, James P Byrne

Place of Business, No 63 N Green St

F. E. Chatard M. D.
Medical Attendant.

Address, 114 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 9 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mauer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 1/2 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 165 Williams St.

Duration of Residence in the City of Baltimore, 6 Wikes

Place of Death, {Give street and number} 165 Williams St

Cause of Death, First, (Primary,) Postpotatiu

Second, (Immediate,) Convaltion

Duration of last Sickness, 6 wikes

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

John J. Filter M. D.
Medical Attendant.

Address, 81 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

Date of Death, Sept 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Corrine Mortimer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Since Birth

Duration of Residence in the City of Baltimore, No. 1 McCulloh St.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 11th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Crofs *Address* 315 Light St.

R. D. C. B. Eller, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* (9) Nine *Months,* Fourteen (14) *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 410 Wilkens St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, September 11th 1878

Jno D Blake M. D.
Medical Attendant.

Undertaker, G. Leimbach

Place of Business, 389 W. Pratt St. *Address* 140 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Schmidt

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 20 Walnut

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 12 1878

Undertaker, C. F. Kassner

Place of Business, 136 E Fayette St

J G Hunter M.D.
Medical Attendant.

Address, 20 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27823,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Ann~~ Elizabeth Kreamer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} Cor. Franklin & Chatsworth Als

Cause of Death, First (Primary,) Anaemia

Second (Immediate,)

Duration of Last Sickness, Do not know — only saw her about 3½ hours before death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. W. C. Cuddy — M. D.

Date of Burial, Sept 11th 1878 Medical Attendant.

{*Undertaker,* John J. Andrews

{*Place of Business,* 104 & Druid Hill Ave Address 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89- Paterson Ave

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5- days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sep 12 1878

{*Undertaker,* C H Blizzard

Place of Business, 207 Pen

H J Hould M. D.
Medical Attendant.

Address Perry & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William J. Bosworth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 1 Months

Place of Death, { Give street and number. } #5 Fawcett St.

Cause of Death, First (Primary,) Malaria Fever & Teething.

Second (Immediate,) Eclampsia.

Duration of Last Sickness, about 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 11th 1878

J. Walton White M. D.
Medical Attendant.

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St. *Address* #30 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10 - 1878 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lloyd Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two *Years,* one *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md. -

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 34 Barnish St -

Cause of Death, First (Primary,) Cerebral meningitis

Second (Immediate,) Asthenia -

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 11. 1878

Undertaker, S. W. Colmar

Place of Business, 98 Howard St

John T. King *M. D.*
Medical Attendant.

Address 76 E Lanvale Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Spellman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 10 yrs in America

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} Maryland Hospital

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Ex Laparotomy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 11th 1878

Undertaker, Schultz

Place of Business,

Oscar J Culbert M. D.
Medical Attendant.

Address, 88 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1878 11 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, w d

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 79 Clarks Ct

Cause of Death { First, (Primary,) / Second, (Immediate,) Adynamia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11

Undertaker, Abraham Wyman

Place of Business, 13 Saratoga St

A Freyshertzer M. D.
Medical Attendant.

Address, 11 S Hyde St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 27529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

Date of Death, September 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 10 days

Place of Death, {Give street and number} St. Vincent Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 12. 1878 | Warburg Brewer M. D. Medical Attendant.

Undertaker, Saml Bowers

Place of Business, 156 Division St | *Address,* 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27530

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm Renniman Cunningham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, White 31 *Years,* 8 *Months,* 26 *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant (Grading clerk).

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 129 Lamade St

Cause of Death, {First (Primary,) Cerebral clot

{Second (Immediate,)

Duration of Last Sickness, five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sep. 12 1878.

{*Undertaker,* Wm. Jenkins & Son

{*Place of Business,* 16 Light St

W W Simm M. D.
Medical Attendant.

Address Lamade St & Park Ave
Balt. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Ivas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number} 322 Montgomery St.

Cause of Death {First, (Primary.) Second, (Immediate.)} Constant Fever 4 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stark St

Date of Burial, September 12th

Undertaker, Hercules Ross

Place of Business, 1560 Hanover

Geo R Dunan M. D.
Medical Attendant.

Address, 414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander B. Ballantine,

Sex, Male or ~~Female~~, {cross out the word not required in this line}

Age, Fifty five Years, Months, Days.

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Carpenter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 102 S. Inn st.

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Consumption.

Duration of last Sickness, Two years,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 12 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S Broadway

Nicholas L. Dorsett, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Logan,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Carpenter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number} 101 S. Eden st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflamation of the bowels, (Enteritis)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sep. 12. 1878

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Nicholls

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 140 N Dallas St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Sept 12 1878

Undertaker, Pat. Mullin

Place of Business, Centredge

E. C. Jordan, M.D.
Medical Attendant.

Address, 220 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th of September 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Yungling. Yungling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 0 *Years,* 3 *Months,* 15 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md. 1 yr.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 Lemmon. Av.

Cause of Death, First (Primary,) Cyanosis consig. of Meningitis.

Second (Immediate.)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Dr. Hartman Md. M. D.

Date of Burial, Sept 12 - 1878. Medical Attendant.

Undertaker, Andrew Eiby *Address* 120 Hanover

Place of Business, 114 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11/78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur Callahan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Dont Know

Occupation, Convict

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dont Know

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Lt Patapsco Cem Jno. Brooke Boyle M. D.

Date of Burial, Sept 15th 1878 Medical Attendant.

Undertaker, J Byrne

Place of Business, Fawn St *Address* 416 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 27587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 a/1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth. Lewis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, (Service)

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 113 Rabeny st

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, W B Pub Cemetery

Date of Burial, Sept 12th 1878

Undertaker, F A Kershman

Place of Business, 50 Carrollton Av

J. A. Gillis M.D.

Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 27538

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* *Months,* 2 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 39 York St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 13 -

Undertaker, B. Thain & Co

Place of Business, 411 Lexington St.

I. C. Buch M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 27555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

Date of Death, Sept. 10 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda C. Bayne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 406 Park Av.

Cause of Death, First (Primary,) Acute diffused Peritonitis

Second (Immediate,) do

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, September 11. 78

Undertaker, J. Godey's Son

Place of Business, 412 Hanover St

S. C. Chew M. D.
Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 16, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Schaumloffel

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 22 Mangold St (Mangold)

Cause of Death {First, (Primary,) Scrofula

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reform Cem

Date of Burial, Sept. 18th 1878 — Theodore Ortel M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Shop — *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27541 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

Date of Death, 12th Sept 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora K. Gabb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 m *Years,* *Months,* 14 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 57½ W. Fayette St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Sept 13th 1878

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* Waverley Terrace

Geo. H. Lyster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

(Sept 11-1878)

Date of Death, Wednesday Sept 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Cogswell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Baker Confectioner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 39 Lemmon St.

Cause of Death First, (Primary,) Typhoid Fever.

Second, (Immediate,) Hemorrhage from Bowels

Duration of last Sickness, Five Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, September 13th

Undertaker, Wm Stuckman

Place of Business, 237 W Gay St

Wilson Painter M. D.
Medical Attendant.

Address, 25 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Health, City of Baltimor...

Permit No. 27543 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

Date of Death, September 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Sandster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* three *Months,* seven *Days.*

Color, black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Mc Elderry St — Corner of Spring

Cause of Death, First (Primary,) Diphtheria with Whooping Cough

Second (Immediate,) " " "

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 12th 1878

Undertaker, Hoy W. Mears

Place of Business, 415 N Gay St

Rich'd H. Thomas M. D.
Medical Attendant.

Address 435 Madison Ave (Above Eutaw St)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 27544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

Date of Death, Sept 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Bell Johnson Mother Hannia Hampton Father

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 93 Gleanes St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 Gleanes St

Cause of Death First, (Primary,) Enteritis Marantica

Second, (Immediate,) Spasm

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon City

Date of Burial, Sept 12th 1878

Undertaker, Mr N Dunger

Place of Business, 62 East St

Edward Stewart M. D.

~~Medical Attendant.~~ Coroner Hospital Physician

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

E Newman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Day

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eight *Years,* Ten *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 201 Caulton avenue

Cause of Death, First, (Primary,) Coal oil Burns

Second, (Immediate,) Prostation, Cancrum Oris, Gangrene,

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 13th

Wm H Clendinen M. D.
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 25 Caulton Av *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hull

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 4 *Years,* ..... *Months,* ..... *Days* 10.

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} U. S.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 241 W. West

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 13th 1878

{*Undertaker,* Wm Weaver

Place of Business, No 202 E Eutaw St

R. H. Revell M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27547

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Septr 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* 2 8 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 48 years

Place of Death, {Give street and number.} 108 Franklin

Cause of Death, First (Primary,) Congestion of Liver

Second (Immediate,) Bilious Remittent Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Stallsbridge City

Date of Burial, Septr 13th

C Wurlow M. D.
Medical Attendant.

Undertaker, Peter Kummel

Place of Business, 317 Mulberry

Address 23 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Drusilla Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles County Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 282 W Biddle St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 13 1878

Undertaker, John C Jordon

Place of Business, 63 Park Ave

E L Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Fiske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 11 Days.

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balti City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 1249 S. Bolton St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Bally Cemet

Date of Burial, Sept 13 1878

Undertaker, G. C. Rodenmeyer Address 261 N Broadway

Place of Business,

S. N. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 27550

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Boylan

Sex, Male or Female, {cross out the word not required in this line.} Fem

Age, about 42 *Years,* ..... *Months,* ..... *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Hous

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 y

Place of Death, {Give street and number} 24 Conway St

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Retained Placenta Hemorrhage

Duration of last Sickness, 1 d

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 13 1878

Undertaker, James D Byrne

Place of Business, No 63 So Front St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick C. Eberhardt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mattress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 409 Sharp St

Cause of Death {First, (Primary,) Pthisis

Second, (Immediate,) Pthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Pa

Date of Burial, Sept. 13th 1878

M. D.
Medical Attendant.

Undertaker, Chas Koehler

Place of Business, Sharp & Crofs Address, 114 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 27582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Miles

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, forty eight *Years,* *Months,* Nine *Days.*

Color, ~~White~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} No 110 S. Parkin St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Thursday Sept 13th

T. P. McCormick M. D.
Medical Attendant.

Undertaker, Jas. B. Blackiston & Son

Place of Business, No 606 W. Balt St *Address,* 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27533,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scharrer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty-Eight Years

Place of Death, {Give street and number.} 27 Heath St.

Cause of Death, {First (Primary,) Stenosis of Mitrals / Second (Immediate,) Pulmonary Apoplexy

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, September 13th 1878

Undertaker, Leonhard Pfeiffer

Place of Business, S. Bond Street No 257

Dr Lucien H Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willard Mallory

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 68 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Oyster & Fruit Packer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Connecticut

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } 755 Broadway

Cause of Death, { First (Primary,) Apoplexy - Recurring attacks
Second (Immediate,) For Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Haven Cont

Date of Burial,

Richd. McSherry M. D.
Medical Attendant.

{ *Undertaker,* Hughes & Co
{ *Place of Business,* 65 S Broadway *Address* 189 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1180

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie J. Walters

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* Three *Months,* Two *Days.*

Color, Col *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 161 Vine St

Cause of Death, {First (Primary,) Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept. 13th 1878

{*Undertaker,* Thos H. Bishop Jr.
Place of Business, 91 Druid Hill Ave

J. Lee Steuart M. D.
Medical Attendant.

Address 83 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Roderick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 42 Fulton St.

Cause of Death { First, (Primary,) —
Second, (Immediate,) convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 13 Sept 1878

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna St

R. N. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ...

Permit No. 27557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan E Beck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} George Town D.C.

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 284 McHenry St,

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetary

Date of Burial, Sept 13th

James Bosley M. D.
Medical Attendant.

Undertaker, John P. Pourlane

Place of Business, 66 Frederick ave

Address Cor Hollins Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 27538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Lee Butler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* ten *Months,* Seventeen *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lutherville Baltimore Co Md

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and number.} Woodyear St 1052

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Sep 13. 1878.

Undertaker, S. W. Shaw

Place of Business 198 S. Howard St

L. C. Spitzer M. D.
Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4, 2, 26.

Place of Death, {Give street and number} 300 Hanover St.

Cause of Death, First, (Primary,) Accidentally Run over by a Cart

Second, (Immediate,) & Killed

Duration of last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Sept 12 1878

Undertaker, S. H. Shaw

Place of Business, 488 Hollins

R. C. Lee M. D.

Medical Residence

Coram S. D.

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27560

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, seventy years

Place of Death, {Give street and number.} rear 28 St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Sept 12th

Undertaker, S. H. Chase

Place of Business, 198 S. Howard St

L. E. Warner M. D.
Medical Attendant.

Address No. 8 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 27561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Graves,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing.

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 91 orchard st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Bronchitis.

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, September 13th, 1878

E. H. Anderson *M. D.*
Medical Attendant.

Undertaker, Chas. T. Sessions

Place of Business, 271 N Eutaw Address Cor. Pine & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Frederick Kirby

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* Four *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Living Life

Place of Death, { Give street and number } 196 E Broadway

Cause of Death, First, (Primary,) Pneumonia Catarrhal

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, Short five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 13th

Undertaker, Fry & Son

Place of Business, 67 E Broadway

Assistant Physician *M. D.*
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special ... Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 A.D. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgeanna Weaver

Sex, Male or Female, { cross out the word not required in this line. }

Age, Fifty two *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Durng life

Place of Death, { Give street and number } 131 Mulliken st

Cause of Death, { First, (Primary,) Softning of the brain / Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, September 14

Milton A Taylor M. D.
Medical Attendant.

Undertaker, Wendelin Diffel

Place of Business, S. Bond st. 151 *Address,* Broadway & Eldorado st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Mellot,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5-4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known.

Occupation, Undertaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Not Known.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Remittent fever complicated with heart disease

Second (Immediate,) Asthma

Duration of Last Sickness, Three Wks.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Sept 13 1878

Undertaker, Pat Mullin

Place of Business, Cambridge st

J. McHambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Lee Campbell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 438 E. Monument St.

Cause of Death, First, (Primary.) Peterus Thrombosis

Second, (Immediate,) Ex Lanstion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Monument St

Date of Burial, Sept 17th 1878

Undertaker, Chas Keck

Place of Business, 438 E. Monument St

C. C. Lusk M. D.
Medical Attendant.

Address, Balt & Park Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

The Special [illegible] Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Hofnagle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 3 Little McElderry

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Sept 13 1878

F E Chatard M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th. September 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Franke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} Madeyra Alley 120

Cause of Death, {First (Primary,) / Second (Immediate,)} Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 16th Septr 1878

{*Undertaker,* Wm Nicolaus / *Place of Business,* 258 Alice Anne.}

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & N. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SEP 13 1878 BALTIMORE

Permit No. 27668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Ritzius

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 59 *Years,* 4 *Months,* 9 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty five years.

Place of Death, {Give street and number} 15 S. Ann St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Meningitis.

Duration of last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.y

Date of Burial, 14th Septr 1878

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 1878 BALTIMORE

Permit No. 27569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Moor

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 41 Pinkies Alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Marasmus

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Sept 13 1878

Undertaker, Hercules Rees

Place of Business, Conway St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27570

HEALTH DEPARTMENT
SEP
13
1878
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fletcher

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E-Shore Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 79 Goodmans Alley

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,)
Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Shars St Cemy

Date of Burial. Sept 18 1878

James H Lemon M. D.
~~Medical Attendant.~~

Undertaker, Hercul Roso

Place of Business, 96 Conway St

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept-ember 12-th- 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Jackson

Sex, Male or Female, {cross out the word not required in this line,}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} Rear 30 Jefferson St

Cause of Death {First, (Primary,) Scrofula

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13th 1898

Undertaker, Wm. V. Dunn

Place of Business, 1062 East 2d Address, Broadway & Madison Ave

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Harrison

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 140 E Lombard St

Cause of Death, First (Primary,) Typhoid Fever with Congestion of the Brain

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th 1878

Undertaker, Henry H. Mears

Place of Business, 145 N Gay St

J. Ridgway Brune M.D.
Medical Attendant.

Address, No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

SEP 13 1878 HEALTH DEPT. BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27573.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Sheldon

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Dung life

Place of Death, {Give street and number} 5 1/2 & South Charles St

Cause of Death, First, (Primary,) Maning itis

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 14

Undertaker, John Lake

Place of Business, No 195 Balto St *Address,* 321 Light St

J. O. Harrington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Gilcie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} No 1 Little McElderry St

Cause of Death, First (Primary,) Phthisis Pulmonales

Second (Immediate,)

Duration of Last Sickness, 20 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 13th 1878

{*Undertaker,* James O'Byrne
Place of Business, No 63 N Front St

E Hall Rutledge M. D.
Medical Attendant.

Address 157 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Caulk

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} No 43 Hanover av

Cause of Death, {First (Primary,) Second (Immediate,)} - Lung - Hemorrhage Death Sudden by

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 13th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Address 17 Hanover av

H. B. Stolle M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 13 BALTIMORE

Permit No. 27576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes C. Monaghan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 285 N. Front St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetry

Date of Burial, 12th Sept

Undertaker, Henry C. Widefield

Place of Business, 90 Fremont St

Edward D. Monroe M. D.
Medical Attendant.

Address, 237 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27577

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson Gant

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, ~~ed~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} Mc Eldry St Court No 10

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthysis Pulmonalis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Sept. 13th 1878

Undertaker, Theodore Locke

Place of Business, 56 Jefferson St

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

...Board of Health, City of Baltimore.

Permit No. 27578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inez Lillian Stoddard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 1 81

Occupation, 1 81

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 321 E. Chase St.

Cause of Death, First (Primary,) 9' Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, September 13th 1878

H. H. Hale, M. D.
Medical Attendant.

Undertaker, Wm H Stickman

Place of Business, 234 N Gay St *Address* 321 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ayres Tyndale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 Years, ——— Months, ——— Days.

Color, Negress

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 158 N. Holliday St.

Cause of Death, {First (Primary,) Rheumatism} {Second (Immediate,) Asthenia 3 days}

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13 1878

C. Welch M. D.
Medical Attendant

Undertaker, Abraham Wayman

Place of Business, 15 Saratoga st

Address 57 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 63 Years

Place of Death, {Give street and number.} ~~63 years~~ 128 N Bond St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 14th

Undertaker, Fry & Zio

Place of Business, 54 N Broadway

Upshur M. D.

Medical Attendant.

Address 138 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hallie Virginia Condell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} N. Bond St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Congestion of brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial,

W. A. Hill M. D.
Medical Attendant.

Undertaker, R. A. & C. Bruns

Place of Business, S. E. Cor Bond & Balto. Sts.

Address 231 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} White

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 184 S Paca St

Cause of Death {First, (Primary,) Capillary Bronchitis

Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel County

Date of Burial, Sept. 14 1878

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

L. A. Gunby *M. D.*
Medical Attendant.

Address, 76 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Weiner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} Mc Henry st & Goldsmith alley.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Suicide by shooting himself with a pistol,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 15 1878

Geo. W. Gorman M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Permit No. 27584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Welch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 14 Weber st City

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 15.

Undertaker, Armstrong & Denny

Place of Business, Cor. Light & Montgomery

T. Dunphy M. D.
Medical Attendant.

Address 178 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora Blanche Lein

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 803 Saratoga St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Marasmus - Nine days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bella Cemetery

Date of Burial, September 15 1898

Undertaker, H. Maher

Place of Business, 106 N Howard St.

D G Lucas M.D.
Medical Attendant.

Address, 8 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR, OF VITAL STATISTICS.

SEP 14 1878 BALTIMORE

Permit No. 27586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878 ~~August 8th 1877~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Morgan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* 8 *Months,* 11 *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Eutaw St No 251

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Elbow Lane No 117

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 15th

{*Undertaker,* Wm Carlos Ross

{*Place of Business,* 95 Conway St

W Skelly M. D.
Medical Attendant.

Address 260 South Eutaw St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} No 421 Henry

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Inflammation Brain

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 14

Undertaker, J B Corth

Place of Business, 707 West Baltimore

H. N. Shultz, M. D.
Medical Attendant.

Address # 11 South Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Alfred Smith

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 49½ N. Dallas

Cause of Death, {First (Primary,) —

{Second (Immediate,) Acute Cholera Infantum

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cemetery

Date of Burial, Sept 14

Undertaker, John Lake

Place of Business, No 195 E Balto St

J. Ridgely Andre M.D.
Medical Attendant.

Address, No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A. Fell

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — 70 — *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and number.} No 204 Penn st

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 16th 1878

Undertaker, Hughes & Co

Place of Business, 66 S Broadway

Thomas P. Evans M.D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Deen

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lumpstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hospital Hospital

Cause of Death, First (Primary,) Heart Disease (Aortic regurgitation

Second (Immediate,) Syncope

Duration of Last Sickness, about 6 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 14 Sept 5 Oclock

Undertaker, Geo. C. Rodenmayer

Place of Business, 98 Eutaw St

Oscar F. Mc Mecen M.D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 Sep 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alf Corkman Badders

~~*Sex*~~, *Male or* ~~*Female*~~, { Cross out the words not required in this line. }

Age, 14 *Years,* *Months,* *Days*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 88 W Beddle & Balt.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) inflammation of stomach

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Sept 14th 1878

Undertaker, Wm S. T. Scriven

Place of Business, 271 N. Eutaw St

G. L. Haneyhill M.D.

Medical Attendant.

Address, 129 W Beddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27592

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L. & V. Bowersock

Sex, Male or Female, {Cross out the word not required in this line.} Male (Parents)

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days.~~

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27, Walker St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 29 Walker

Cause of Death, First (Primary,) (Parents)

Second (Immediate,) Natural Causes

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 14th 1878

Undertaker, John S Meaker

Place of Business, No 150 Camden *Address* 14 & Fall St

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ashton.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 76 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Watchman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dublin, Ireland

Duration of Residence in the City of Baltimore, 30 years at least

Place of Death, {Give street and number.} 123 N Gilmore St

Cause of Death, First (Primary,) Enfeebled by age

Second (Immediate,) Congestion Lungs.

Duration of Last Sickness, 3 or 4 days ill

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 15th 1878

Undertaker, John Schleicher

Place of Business, Park & Libert Sts

Chas L Buckler M.D.
Medical Attendant.
per Hammond

Address, 46 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Deering

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 0 Dover st near Fallsway

Cause of Death, First, (Primary,) Colera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemitary

Date of Burial, Sept 15th 1878

Undertaker, J P Perdue

Place of Business, 44 East Pratt

Small Enderline M. D.
Medical Attendant.

Address, 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydeie Eliz Thomas

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 86 Slemmer's alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cem

Date of Burial, Sept 14th 1878

Undertaker, P. Mullin

Place of Business, Corner

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Margaret West

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 49 *Years,* 10 *Months,* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House keeping at home

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} North Ave 370

Cause of Death, {First (Primary,) Second (Immediate,)} Nervous prostration about one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 15th 1878

~~Undertaker~~, John G. Moore

Place of Business, 207 W. Camden St

Geo. H. Wayson M.D.
Medical Attendant.

Address, 18 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 27597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas H. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* Six (6) *Months,* 14 (~~Fourteen~~) *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bullo Co

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No 10 Washington R

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landen

Date of Burial, Sept 15

Undertaker, F B Cook

Place of Business, 707 West Baltimore

Jno. D. Blake M. D.
Medical Attendant.

Address 111 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Roehl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 3 *Months,* ~~~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 294 West Bath Street

Cause of Death, {First (Primary,) Natural / Second (Immediate,) from rupture or bursting of an aneurism of the Pulmonary Hemorrhage. culminated artery

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns cemetery

Date of Burial, Sept 15th 1878

Undertaker, Jno R Cook

Place of Business, No 767 W Baltimore Street

E K Wiley M. D.
Medical Attendant.

Address 252 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winnie Kane

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 154 N. Stricker St

Cause of Death, {First (Primary,) Malformation of Heart Structure

{Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 14th 1878

Edw F. Michreand M.D.
Medical Attendant.

Undertaker, Geo C. Rodemeyer

Address, 279 W. Lombard St

Place of Business, —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ore City, City of Baltimore,

Permit No. 27600 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Loewenthal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five

Place of Death, {Give street and number.} 146 W. Lexington Street

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Lexington St.

Date of Burial, Sept. 15

Undertaker, C. Hollander & Son

Place of Business, 22 N. Pratt St. *Address*

C. Waldenwald M. D.
Medical Attendant.

S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall dio in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 27601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Meeke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Regalia Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number} 322 N Paca st

Cause of Death {First, (Primary,) Typhoid fever

Second, (Immediate,) 12 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Sept 16th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore *Address,* 76 Paca st

D Haney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 Sept. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Wagener

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 4 *Months,* 17 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 7 N. Eutaw St Balt: City

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem

Date of Burial, Sept 16th 78

Undertaker, Wm T Bartlett

Place of Business, 629 W. Balt *Address* "

G Tapp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* mos *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 63 N Liberty

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Sept 15th 1878

Undertaker, Joseph J Byrne

Place of Business, 59 N Liberty St *Address,* 114 Park

P Claiborne Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th September 1878

Full Name of Deceased, { Writes legibly and spell correctly. If an infant not named, give names of parents. } Mary Mc Carney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Days.* *Months,*

Age, 55 Years, *Sex,*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland, County Tyrone

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give street and number. } 15 2 N. Calvert St

Cause of Death, { First (Primary,) Disease of heart & Cancer of uterus
Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Wm Green M.D.

Place of Burial, St Patricks Cemetery for W. F. Lockwood M. D.
Medical Attendant.

Date of Burial, Sept 16th 1878

Undertaker, Joseph F Byrne *Address*

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

27605

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sophia Ober

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 169 George St.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran County Druid Hill Pk.

Date of Burial, Sept. 16th 1878.

Dr. J. C. Slay M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Address 624 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Robles

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 183 Hudson Street

Cause of Death, First, (Primary,) Stomatitis

Second, (Immediate,) ____

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daughter of Newton & Nellie Williams

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 10 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 344 McHenry St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 344 McHenry St

Cause of Death, First (Primary,) Premature birth, being about 6½ Months

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 15th 1878

Undertaker, Frederick J Neimeth

Place of Business, No 24 Saratoga St

John Thrall M. D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 27608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Moore

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 11 *Days.*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} 24 Stricklon Alley

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Sept 16 1878

Undertaker, Wm. N. Surgee

Place of Business, No 62 East st

John Neff M. D.
Medical Attendant.

Address, 533 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Johnson Mother

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } N. Spring St 8rd door from Chu

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Sept 15th 1878

James A Clemans M. D.

Medical Attendant

Undertaker, The D. Locks

Place of Business, Jefferson St *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

...h of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 7610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accur... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1878

Date of Death, Sept 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Davis

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 66 Ridgley St

Cause of Death First, (Primary,) Adenitis

Second, (Immediate,) 3 Wks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 15th 1878

Undertaker, John J Meacher

Place of Business, Park & Liberty

Address, 76 Lloyd St

J H Emmey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27611

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Webb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 95 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 13 Elbow alley (Inlves.)

Cause of Death, First (Primary,) ....

Second (Immediate,) Old age

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15th 1878

Undertaker, Wm J Gray

Place of Business, 65 Mulberry st

W. H. Warner M. D.
Medical Attendant.

Address No 1 Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S

Permit No. 27612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma J. Tompkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 Months, 13 Days. *Years,*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 152 Pierce st Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 152 Pierce st

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician!

Place of Burial, Laurel cemetery J. L. Gibbons M. D.
Medical Attendant.

Date of Burial, Sept 15

Undertaker, H. H. Maldre *Address* 47 Edmondson Ave

Place of Business, 334 Harvard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 27613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Dorsey

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 Wks ~~*Days.*~~

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Mount St near Baker

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Mount St —

Cause of Death, First (Primary,) Child sick and puny at

Second (Immediate,) birth – never rallied

Duration of Last Sickness, Life Time —

All the above information should be furnished by the Physician.

Place of Burial, Howard county

Date of Burial, Sept 16 1878

Undertaker, Wilson Monroe

Place of Business, No 10 Stockdale

Chas E Sadtler M. D.
Medical Attendant

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

27614

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Ettery Lt

Cause of Death, {First (Primary,) Pthisis Pulmonalis

Second (Immediate,) 6 Weeks 4 D's

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Sept 17th 1878

Undertaker, M Blizzard

Place of Business, Penn Ave

W. H. Hargett *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 27615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fridk Wm Renner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life-time.

Place of Death, { Give street and number. } 231 Eastern Avenue

Cause of Death, { First (Primary,) General Debility

{ Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D W Cathell M. D.

Date of Burial, Sept 16 Medical Attendant.

{ *Undertaker,* W. H. Haikmann *Address* 21 N. Broadway.
{ *Place of Business,* 26 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL

Permit No. 27616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Denstake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coach

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 20. in Baltimore

Place of Death, {Give street and number.} 43 E. Lombard St

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 1. Year

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Sept 16 1878

Undertaker, Rau & Bartlett *Address* N 88 E. Lombard St

Place of Business, —

Sad. A. Pl. Lavette M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

27617

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Elgue

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cuba

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 138 N. Schroeder St.

Cause of Death, {First (Primary,) Typhoid Fever.
Second (Immediate,)}

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 16th 1878

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

J. W. C. Cuddy, M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 16 1878 BALTIMORE

Date of Death, September 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Milton Horton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince William Co. Va.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} 698 Hanover St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Prince Wm Co Va

Date of Burial, Sept 16 1878

Undertaker, C. F. Krause

Place of Business, Hanover St *Address,* 108 S. Howard St

DR. J. H. SMITH SEP 16 1878 BALTIMORE, MD.

..... *M. D.* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GEO. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Harriet 118

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Knight

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 117 Montgomery St

Cause of Death First, (Primary,) Phthisis with Hypertrophy of the Heart (Aortic)

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 16th 1878

Undertaker, Smith & Dern

Place of Business, 263 Light St

Thos Corbett M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Adams Randall

Sex, Male ~~or Female~~, {cross out the word not required in this line.} (Parents

Age, ~~ Years, ~~ Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Stockton alley

Cause of Death First, (Primary.)

Second, (Immediate.) Inanition

Duration of last Sickness, very weak all its life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 16th 1878

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, W. M. Dunges

Place of Business, Stockton alley *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idd Jackson (Mother)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* / *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} ~~No 4~~ Clinton Ave & Chesnut alley

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16 1878

James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, Wm C Jordan

Place of Business, Park Ave

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Murray ▽ Murray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number} 314 Bank Street

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Did not know - Came Terrified Brought to death

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Sep 17 1878

M. D.
Medical Attendant.

Undertaker, H. A. Dauzer

Place of Business, 716 S. Broadway

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Fairbank

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 92 *Years,* ..... *Months,* ..... *Days.*

Color, W. Fete

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 16. 1898

Undertaker, H. A. Dazer

Place of Business, 74 S. Broadway *Address,* .....

.....

.....

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Stark.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number} 239 Cross. N.

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, Sept 17th

Undertaker, H. Brickle

Place of Business, Hanover St & Pratt

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lionel Mansfield Townsend

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 111 McCulloh St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 111 McCulloh St

Cause of Death { First, (Primary,) Hives
Second, (Immediate,) Inanition

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 16th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

C Winslow M. D.
Medical Attendant.

Address, 23 W Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly Kramer

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, Sept 16 1878

Undertaker, Wm Heath

Place of Business, 369 W. Baltimore

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three Years, Six Months, — Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three years & no

Place of Death, {Give street and number.} 301 Biddle st

Cause of Death, {First (Primary,) —
Second (Immediate,) Consumption}

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16 1878

{*Undertaker,* Hercules Ross
Place of Business, 1095 Conway st

H. F. Hare M. D.
Medical Attendant.

Address 330 Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Spraggon

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51 St. Paul St.

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 17th 1878

Undertaker, John L. Weaver

Place of Business, # 22 W. Fayette St Address, 121 W. Hamilton

J. W. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 27629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Hansbury

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 146 N. Howard St

Cause of Death { First, (Primary,) / Second, (Immediate,) Phthisis

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17th 1878

Jas A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Jas Brackston

Place of Business, Third Hill ave *Address,* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Boggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Town, Accomack Co Va

Duration of Residence in the City of Baltimore, Several Years

Place of Death, {Give street and number.} 5 & 7 Brewers Alley,

Cause of Death, First (Primary,) Pertonitis

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Street Cemetery

Date of Burial, September 15

Undertaker, James Brackston

Place of Business, 1020 Druidhill Ave

Henry P. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 27631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dolly Booze

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* *Days.*

Color, Mulatto *Sex,* —

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No. 5 Clinton Ave

Cause of Death, First (Primary,) Ill. Paralysis

Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary H. B. Gardner M. D.

Date of Burial, September 17th Medical Attendant.

Undertaker, W. H. Madden *Address* 120 N. Greene St.

Place of Business, 335 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Clarke

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* 2 *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Montgomery Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 162 Lane

Cause of Death, {First (Primary,) Child birth – Placenta Praevia

Second (Immediate,) Syncope from Hemorrhage}

Duration of Last Sickness, Dies from

All the above information should be furnished by the Physician.

Place of Burial, Balto St Cemetery

Date of Burial, Sept 17 1878

Undertaker, S. H. Chase

Place of Business, 3 Howard St

A. M. Eastman *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or siugle) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry McCubbin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Eleven *Months,* Eight *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 289 Biddle St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) do

Duration of Last Sickness, Sick all his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 16th 1878

Undertaker, John H. Frazier

Place of Business, 129 N. Paca St

Addison C. Fox M.D.
Medical Attendant.

Address, 82. North Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Himmel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 9 Gold's Ct

Cause of Death, First, (Primary,) Melania

Second, (Immediate,) Intermittent Fever

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, September 17th

Weston Cottee *M. D.*
Medical Attendant.

Undertaker, P. Hale.

Place of Business, 41 Light St. *Address,* 146 Warren st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15 Sept. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ringgold

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton, Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 132 York st.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Asthenia.

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 17th

Undertaker, Hercules Boss

Place of Business, 96 Conway St

B. C. Leonard M. D.
Medical Attendant.

First Clinical asst.

Address Md. Woman's Hospital

132 York st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Hanbury St

Cause of Death, First (Primary,) Malignant Stomatitis

Second (Immediate,) Asphyxia from Oedema

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 17th

Undertaker, Armstrong & Denny

Place of Business Light & Montgomery Sts

Robt. P. Ellis M. D.
Medical Attendant.

Address 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ahrens

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 60 *Years,* 9 *Months,* *Days*

Color, White

~~*Married, Single,* Widow *or* ~~Widower~~,~~ {Cross out the words not required in this line.}

Occupation, Keeper of Lunch house

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 35 Years

Place of Death, {Give street and number.} 48 Jackson St

Cause of Death, First (Primary,) Burn with coal Oil

Second (Immediate,) Inflammation of Stomach

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetary

Date of Burial, September 18th 1878

Undertaker, Wm. Eglaer

Place of Business, Orrin Street

Curtis Wagner M.D.
Medical Attendant.

Address, 18 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No: 27638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo McElroe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 26 E Eastern ave.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 17, 1878

Undertaker, M A Daiger

Place of Business, 74 S. Broadway

G. L. Hitch M. D.
Medical Attendant.

Address, 26 E Eastern ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15-th 9 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Mullen

~~Sex~~, *Male* ~~or Female~~, { Cross out the word not required in this line. } " B. Mullen

Age, 29 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co Md " ~~Washington Co Md~~

Duration of Residence in the City of Baltimore, 2 Years & 9 Months

Place of Death, { Give street and number. } National Hotel Holliday St cor. Fayette "

Cause of Death, { First (Primary,) Excessive use of Stimulants. Second (Immediate,) Apoplexy

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md

Date of Burial, ~~Sept~~ 18th 1878

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

Sidney D Grant M. D.
Medical Attendant.

Address No 32 North St - Corner Lexington St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Burial Permit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Shafer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Three *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 58 S. Gladden's Alley

Cause of Death, { First, (Primary,) Convulsions / Spinal Cord & Brain. Second, (Immediate,) Dislocation of 2nd Cervical Vertebra Death Berlin Lawson

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 17

D. C. Roland M. D.
Medical Attendant.

Undertaker, W. Sifford

Place of Business, S. Bond st. 157 *Address,* Bond St. E. of Ch.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Krohn (name of mother)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 0 *Days.* 1 hr.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nil

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maternite Hospital

Duration of Residence in the City of Baltimore, one hour

Place of Death, {Give street and number.} Maternite — 163 W. Lombard St.

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Sept 17 1878

Undertaker, P. Mullin

Place of Business,

David Streett Md. Resident Phys. M. D.

Medical Attendant.

Address Maternite — 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 16, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Work

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co Pa.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 40 S Caroline St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Three Years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Sep. 18, 1878

Undertaker, J. L. Manning

Place of Business, 9 S. Orleans St

S. S. White, M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27643,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Bünger

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 56 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (27 years)

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 1st 108 West C.

Cause of Death, First (Primary,) Carcinoma of Mamma (Scirrhus)

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 Months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery.

Date of Burial, September 17th

Undertaker, P. Hahn

Place of Business, 111 Light St.

C. L. Baddenbrin M.D.
Medical Attendant.

Address, 66 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27644.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Imperfect Foramen Ovale

Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 19 1878

Undertaker, Samuel Bowers

Place of Business, 152 Division St

Anthony Bruner M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27645

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bethel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 61 *Years,* - *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Wheelright

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany - 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} Preston Street 232

Cause of Death, {First (Primary,) Pleurisy / Second (Immediate,) Consumption}

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Germ'n. Luther'n Cemtry Druid hill Park

Date of Burial, Sept. 17th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie L Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 267 N Dallas st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion 1 / 11

Duration of last Sickness, Six days 1 / 11

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Sept 17th 11

Undertaker, H Frohlich

Place of Business, 246 Easton Av 11

L. L. Hill Rue M. D.
Medical Attendant.

Address, 49 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

Date of Death, Sept 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. John Killar

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 9 Days. Parents

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Bevan St

Cause of Death { First, (Primary,) Premature Birth (7 mos
Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 17 1878

{ Undertaker, Jacob Davis
{ Place of Business, Lee St

James A Sloan M. D.

Address, Comm of Health Precinct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Permit No. 27648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ann Kavanack

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland (~~We do not know where~~ Dublin)

Duration of Residence in the City of Baltimore, We do not know either

Place of Death, {Give street and number.} Asylum for the old people Corner John and Valley Sts

Cause of Death, {First (Primary,) Consomption / Second (Immediate,)

Duration of Last Sickness, ~~many years~~ eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mary Catherine's ~~Holy Cross~~ Cemetery

Date of Burial, ~~September 17th~~

Undertaker, ~~Henry Schultheis~~ James & Byrne

Place of Business, 1063 N Front St

Jno. Brooke Boyle M.D. M. D.
Medical Attendant.

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17. 78 at 5 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ecklofstein.

~~*Sex.* Male or Female~~, {Cross out the words not required in this line.}

Age, 42 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 75 Eastern Ave

Cause of Death, First (Primary) Tuberculous Laryngitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept 18 78

Undertaker, H. Hunt

Place of Business, No 35 Bank

J. H. Boyd Wylie M.D.
Medical Attendant.

Address, Cor Townsend & Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Fidhan

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Professional.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 225 S. Bond St.

Cause of Death, {First, (Primary,) ... Second, (Immediate,) Bronchitis.

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 18. Aug. H. Erich M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 134 N. Broad Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Board of Health, City of Baltimore,

Permit No. 27651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Riley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Belvidere Nursery (Eager St

Cause of Death, {First (Primary,) Phthis is

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters, Catholic Cemetery

Date of Burial, Sept 18 1878

Undertaker, Matthew Cadogan

Place of Business, 30 Mulberry St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* —— *Months,* Ten (10) *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 32 Clifford St

Cause of Death, First (Primary,) ——

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 18th 1878

Jno D Blake M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, Park & Liberty Sts. *Address* 145 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Lily Hartwell

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 299 S. Paca

Cause of Death { First, (Primary,) Dentition

, { Second, (Immediate,) Eclampsia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 18 1878.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

A. Dunstan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Hauge

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 48 *Years,* 3 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 49 Stirling Street

Cause of Death, First (Primary,) wh. cas d's (Heart Disease)

Second (Immediate,)

Duration of Last Sickness, ab. 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 19th 1878

Undertaker, W. Zimmerman

Place of Business, 884 N. Howard St.

C. Hathaway M.D.
Medical Attendant.

Address, 57 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry B. Snyder

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, 3. *Years,* Four *Months,* Twenty one *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} # 670 W. Lexington St.

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician. 5 days. Was attended by Physician

Place of Burial, Greenmount

Date of Burial, Sept. 19th 1878.

{*Undertaker,* J. E. Cook

{*Place of Business,* 70 Balto. St

J. G. Smithcum M.D.
Medical Attendant.

Address, # 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27656

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heinrich Sander

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 48 *Years,* 11 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Feather

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pirmasenz. — Gumany. 10 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Conway Street 211

Cause of Death, First (Primary,) Disease of brain

Second (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 September 1878

A. F. Reinhard M. D.
Medical Attendant.

Undertaker, H. Sander

Place of Business, 252 Canton Ave

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, 42 *Years,* _____ *Months,* _____ *Days.*

Color, _____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} _____

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} 92 S. 6 [illegible]

Cause of Death, First, (Primary,) _____

Second, (Immediate,) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 19th 1878

_____ *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, Canton Av. *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arianna Rankin

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 80 *Years,* 10 *Months,* 4 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Central Avenue 191

Cause of Death, First (Primary,) Old age

Second (Immediate,) Ulcer of bowels

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, September 19th 1878

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Manning.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and number.} 171 S. ~~Chas.~~ St Charles St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, in bed four or five weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 18th 1878

Undertaker, Jas P Byrne

Place of Business, 63 Fronts

Jno. G. Day M. D.
Medical Attendant.

Address Balt. Gen. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

Date of Death, Tuesday, Sept. 17th 10 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* (9) Nine *Months,* Eleven (11) *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No. 8 Dawson Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 8 Dawson Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, four (4) months.

All the above information should be furnished by the Physician.

Place of Burial, Harpt Lowndes

Date of Burial, Sept 19 1878

Undertaker, S. W. Elias

Place of Business, 8 Howard St

Jno. V. Edwards M.D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Seltz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harrison St abv 4

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 6 months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Tomorrow morning 9 Clock

C S Mason M. D.
Medical Attendant.

E Balto St

Undertaker, Jacob Mullen

Place of Business, No 21 Harrison *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Aubrey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 68 Greenly Pl

Cause of Death { First, (Primary,) Croup.
Second, (Immediate,) —

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemetery

Date of Burial, Sept 18th 1878

Undertaker, John Brown

Place of Business, 133 Reynolds St *Address,*

Jonathan D. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16, 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jim alias James Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto *Sex,* .....

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } Unmarried

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ~~Md~~ Baltimore City

Duration of Residence in the City of Baltimore, During his life

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) .....

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sept 18th 1878

Undertaker, Wm. N. Dungee

Place of Business, No 62 East st *Address* 16 E Eager st

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27164

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert. Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 38 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 503 Lexington St

Cause of Death, {First (Primary,) Disease of Heart

{Second (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 19th 1878

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

H. H. Orrick M. D.
Medical Attendant.

Address 523 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Zoe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} 186 Park Ave

Cause of Death { First, (Primary,) Accidental
Second, (Immediate,) burned death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 19th 1878

Undertaker, Chas L Sherwin

Place of Business, 211 N Eutaw St

Geo C Gil Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

Permit No. 27666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Hooper

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Reese's Alley

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,) Diarrhoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 19 11

Undertaker, H. Winder & Son

Place of Business, 95 Hanover St

C. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

Date of Death, September 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicolas Papi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* ~~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} No 217 South Wolf st.

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Reform St Paul Cemetery

Date of Burial, 20 Sept 1878

Dr C. M. Schmitt M. D.
Medical Attendant.

{*Undertaker,* John C. Schuh
Place of Business, 265 Hte-annst

S.W. cor. Wolf st & Canton ave
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rebecca Nicholson

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, ~~c~~ d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Colson alley No 40

Cause of Death, First (Primary,) Infant in the Grave

Second (Immediate,) Diarrhea - Cholera Infantum

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Ground

Date of Burial, Sept 19. 1878

Undertaker, John C Jason

Place of Business, No 63. Park Ave

W. Hammond M.D.
attending Physician Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie E Plumley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* Four *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 109 Penna Ave

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Bothelin

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Sept 19th 1878

Undertaker, Jno Petticrew's

Place of Business, 104 & Druid Hill Ave

Edwd C Price M. D.
Medical Attendant.

Address 262 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Nolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Elmira New York

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 35 Park Ave

Cause of Death, {First (Primary,) Cerebral C.} {Second (Immediate,)

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 19th 1878

Undertaker, Stewart & Howard

Place of Business, 35 Park Avenue

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. McFeeley

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 19 1878 ..... *M. D.*

Medical Attendant.

Undertaker, H. M. Gilmore

Place of Business, 341 Eastern Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1878

CERTIFICATE OF DEATH.

Date of Death, September 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Voelkl

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 66 *Years,* 8 *Months,* 2 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number} # 136 Camden St.

Cause of Death, First, (Primary,) Valvular disease of the heart.

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sep. 20th

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw St.

P. J. Knight M. D.
Medical Attendant.

Address, 112 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27673,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Sept 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Meyers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} N.W. cor. Broadway & Pratt

Cause of Death, {First (Primary,) Typhoid fever. Second (Immediate,) Asthenia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Sept 11th 1878

{*Undertaker,* Peter Frey

{*Place of Business,* 91 Exeter

J. W. P. Bates M. D.
Medical Attendant.

Address 1½ S. Exeter,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

Permit No. 27674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Gibbons

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* About 2 *Months,* ____ *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 26 Belden St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 26 Belden St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, About 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 20 1878

W W Darling M. D.
Medical Attendant.

Undertaker, John C. Jordon

Place of Business, No 63 Park Ave *Address,* 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

... Physician ... Certificate on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Schauermann

Sex, Male or Female, { cross out the word not required in this line. } Male Schauermann

Age, One (1) *Years,* Four (4) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 356 Mc Donough Street

Cause of Death, First, (Primary,) Tebris Remittens & Enteritis

Second, (Immediate,) Pyrexia

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 20 / 78 4 P.M.

Undertaker, Rauz & Bartell

Place of Business, 62½ W Balt St

S. W. Selous M. D.
Medical Attendant.

Address, S. E. Cor Eager & Carlin's Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William W. Dallam

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 83 Bolton St. Baltimore

Cause of Death, First (Primary,) Dipsomania

Second (Immediate,) Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sep. 20 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

J. E. Lindsay *M. D.*
Medical Attendant.

Address 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia E. Leoghegan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and number} 24 Church St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Cemetery Dorchester Co Md

Date of Burial, 9/21 1878

R. J. N Tall *M. D.*
Medical Attendant.

Undertaker, Andrews & Denny

Place of Business, No 163 Lombard St *Address,* 152 Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Issued Sept 19 1878

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

Date of Death, Sep: 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Truman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 — *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Waverly ~~Maryland~~ Balto Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 104 ~~State~~ Franklin St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *Jefferson Ansell* M. D.

Date of Burial, Sept 21st 1878 Medical Attendant.

87 Franklin St

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard St. King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Telegraph Operator

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 5-024 Lexington St

Cause of Death, {First (Primary,)} Malarial Fever in Virginia

{Second (Immediate,)} Congestion Fever (Malignant)

Duration of Last Sickness, — Suddenly.

All the above information should be furnished by the Physician.

(Once before medical attention was procured.)

Place of Burial, St Peters Cemetery

Date of Burial, Sept 20th 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

A H Easton M. D.
Medical Attendant.

Address 523 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18-78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine D Carey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 663 W Lombard St

Cause of Death, First (Primary,) Colloid tumor of abdomen

Second (Immediate,) Asthenia

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, new Cath Cem

Date of Burial, Sept 20th 1878

Undertaker, Jos F Byrne

Place of Business, 57 N Liberty St

C W Leadenham M. D.
Medical Attendant.

Address 130 Arlington Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3.30 P.M. 18th September, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Emma Johanna Schmale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Ten *Months,* One *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor of Carey & Chappel Sts Balto City or sometimes called 14 Patterson's Lane

Duration of Residence in the City of Baltimore, One year — Ten Months and One day

Place of Death, {Give street and number.} 14 Chapel St. Cor of Carey & Chappel Sts Balto City or sometimes called 14 Patterson's Lane

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, About 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 20th September, 1878.

Wm J. Worth M. D.
Medical Attendant.

Undertaker, Joseph B. Cook.

Place of Business, 707 N. Baltimore St Balto Maryland

Address 1118 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Neagle.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 Orleans St

Cause of Death, { First (Primary,) Entero Cs

Second (Immediate,)

Duration of Last Sickness, Sev days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 20 1878

E Hall Rutledge *M. D.*
Medical Attendant.

{ *Undertaker,* James O Byrne
{ *Place of Business,* No 63 N Front St *Address* 151 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Reddington

Sex, ~~Male, or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 133 Hainpstead St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet

Date of Burial, Sept 19th 1878.

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Jas P. Byrne

Place of Business, 63 Front St

Address, Comm of Health & Regista

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ...sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

JLANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19 Sept. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Wolfe

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, — *Years,* 4 *Months,* *Days*

Color, wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Garden & Biddle sts

Cause of Death, {First (Primary.) Marasmus / Second (Immediate.) —}

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, September 20th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw st

C. Lane Tarney hill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ina Mary Bats

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5E *Years,* 5 *Months,* 9 *Days.*

Color, Weis *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lebensm. Escroba.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mauer Heim in Baiern

Duration of Residence in the City of Baltimore, Seksber # N 13

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, Balt. 20 Sept. 78

All the above information should be furnished by the Physician. Sick Before Aug 1 '75.

Place of Burial, Mount Carmel Cem. Warren Feb

Date of Burial, 21 September 1878 ..... *M. D.*

Medical Attendant.

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Br[illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widowed or Widower,*~~ {Cross out the word not required in this line.} Sing[illegible]

Occupation, Paver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 110 E. Eager St

Cause of Death {First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 20th

Undertaker, Jr S. Mosher

Place of Business, 150 Camden St

by Thornton Gr[illegible] M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Siegel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ger

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 5 S Frederick St

Cause of Death {First, (Primary,) Tetanus Neonatorum

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 20th Eleven o'clock

Undertaker, Henry Sander

Place of Business, 252 Eastern ave.

Abram Benard M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannes Kniedenwatter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* — *Months,* 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hessia, 26 years in the country

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 375 William Street

Cause of Death, {First (Primary,) General decay / Second (Immediate,) Acute Bronchitis}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept. 21

Undertaker, John Teufel

Place of Business, 616 N. Balto. St.

W. Christian Sandrock M. D.
Medical Attendant.

Address Cor. Montgomery & Charles Sts. —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

South of Franklin, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. E. Carle 11

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Five (5) *Years,* Eight (8) *Months,* Nineteen (19) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 82 Cross St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Sick (6) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Septem. 21. 1878.

Jno D Blake *M. D.*
Medical Attendant.

{ *Undertaker,* Chas. L. Dill
{ *Place of Business,* 183 Columbia Ave. *Address* 110 Cecil Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Eugene Countess

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 18 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wilkins Buck Yard.

Cause of Death, {First (Primary,) Gastritis "

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Powhatan Balto Co

Date of Burial, Sept 20 1878

C. L. Smithson M. D.
Medical Attendant.

Undertaker, P. Kummuth

Place of Business, Mulberry St. *Address,* 384 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John S James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months,* 11 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 153 Aisquith St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 22nd

Undertaker, Ed Schilling

Place of Business, Ashland Lyman

E Hall Rutledge M. D.
Medical Attendant.

Address 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Green

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 22 Hoffins

Cause of Death, First (Primary,) Extensive Lacerated Wound of Scalp

Second (Immediate,) Traumatic Tetanus

Duration of Last Sickness, One Week from date of injury – 36 hours of Tetanus

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 21st 1878

Undertaker, John Deufel

Place of Business, 616 W. Balto St

Edwd F. Mellvaine M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sloan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 12 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Bird St

Cause of Death, {First (Primary,) Bilious Remittent

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cem'y

Date of Burial, Sept 10th 1898

Undertaker, B. Hart

Place of Business, 411 Light St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
99 Hill st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick M. Aidt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 13 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 56 Druid Hill ave

Cause of Death, { First (Primary,) } { Second (Immediate,) } Exanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, September 20th 1878

Undertaker, W Genschel & Son

Place of Business, 48 Pennsylvania Ave

H Keller *M. D.*
Medical Attendant.

Address 89 N. Grane St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora L. Mettee.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, 11 Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 N Eutaw St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) "

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Sept 20th 1878

Undertaker, Jno J Andrews

Place of Business, 1613 Bond Hill Ave

John L Pennington, M.D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracey Kretzehman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 111 Cocklin st. Point Born there

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 111 Cocklin st.

Cause of Death, {First (Primary,) General Debility. / Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Sep 20th

Undertaker, Henderline Diffpol

Place of Business, 151 S Bond st

E. W. Janney M. D.
Medical Attendant.

Address Bond & Baltimore sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lucy White

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Six *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Four years Six months

Place of Death, {Give street and number.} No 59 Munroe St. - Balto.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Apnoea

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Saturday 21 Sept '78

Undertaker, J B Cook

Place of Business, W Baltimore St

J Ridgely Hammond M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah White

Sex, Male or Female, {cross out the word not required in this line.}

Age, 85 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 20 N. Lombard St

Cause of Death {First, (Primary,) old age — Fell out of Bed / Second, (Immediate,) Paralysis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 21 1878

James A Steuart M. D.
~~Health Attendant.~~

Undertaker, Geo C. Rodenmoyer

Place of Business, 38 E Fayette St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Henry Harris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 113 Chesnut Alley

Cause of Death {First, (Primary,)} mal. Nutrition

{Second, (Immediate,)} Atrophy

Duration of last Sickness, all its life pretty

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Sept 20 1878

Undertaker, F. A. Kerchner

Place of Business, 50 S. Corvelon

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by, Dr. Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wallis Gemmil.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 12 *Years,* 11 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 S. Gilmore St

Cause of Death, First (Primary,) Malarial Poisoning,

Second (Immediate,) Congestive Chill.

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 22

Undertaker, J. B. Corse

Place of Business, 707 W. Balto St

W. Keyser M.D.
Medical Attendant.

Address, 100 Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

EASTERN AVENUE, FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Myers

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* Thirteen *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Entirely

Place of Death, {Give street and number.} No 254 Hamburg St

Cause of Death, {First (Primary,) Tabes Mesenterica

Second (Immediate,) Meningitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Shoh Cemetery

Date of Burial, Sept 20th

Undertaker, Isaac Davis

Place of Business, 103 Lee St

L. L. Dyer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Campbell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* —— *Months,* Six (6) *Days.*

Color, Black *Sex,* ——

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ——

Occupation, ——

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Balt

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } No 57 Stockholm St.

Cause of Death, { First (Primary,) ——
Second (Immediate,) Convulsions —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery *Date of Burial,* Sept 20th

Jno. A. Blue M. D.
Medical Attendant.

Undertaker, Jacob Davis *Place of Business,* 103 Lee St *Address* 140 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Grace Mullikin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nine *Years,* one *Months,* 26 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 50 Carralton Av. Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 497 Lexington St.

Cause of Death, {First (Primary,) Asthma
Second (Immediate,) Congestion of the lungs.

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Sept. 21 1878

Undertaker, Wm Fry & Co

Place of Business, Cor. Fayette & Broadway

Philip Witter Jr. M. D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathi Link

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 30 *Years,* 10 *Months,* 5 *Days*

Color, White.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 100. Lemon St.

Cause of Death, {First (Primary,) Phthisis pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 19 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lauden park

Date of Burial, September 22

Undertaker, J P Paulus

Place of Business, 66 Fridrich av

Louis Ch Horn M.D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Bergen

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 5 Wolfe St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 22d 1878

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Edwd. F. Michael M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27706

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} child of Timothy and Annie Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female (Ellen Welsh)

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 631 W. Pratt St.

Cause of Death, First (Primary,) Inanition.

Second (Immediate,) Inanition

Duration of Last Sickness, a week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary *W. P. Morgan* *M. D.*

Date of Burial, Sep 21st 1878 Medical Attendant.

Undertaker, J. B. Cook *Address* 175 Saratoga St

Place of Business, 707 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Williams

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, ~~col~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mechanics Court 1 door

Cause of Death, First (Primary,) Trismus Nacentium

Second (Immediate,) Convulsions Epilepsy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st

Undertaker, Abraham Wayman

Place of Business, 13 Sockley Pl

E. L. Baldwin M.D.

Medical Attendant.

Address, 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 Sep. 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Baily

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* 1 8 *Months,* *Days*

Color, Mul

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 19 Jordan alley

Cause of Death, First (Primary,) marasmus

Second (Immediate,)

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 21st 1878

Undertaker, Chas. J. Sexton

Place of Business, 371 W. Saratoga St

Ds L Gamyhill M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa G Berry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty eight *Years,* Five *Months,* Jan *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 158 McCulloh St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, Two or three years

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, September 23rd /78

Undertaker, Chas. T. Larsen

Place of Business, 271 N. Eutaw St

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Bowers

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ... *Years,* Thirteen *Months,* Fifteen *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, { Give street and number. } No 300 S. Howard St

Cause of Death, { First (Primary,) Tabes Mesenterica / Second (Immediate,) Meningitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, September 21

{ *Undertaker,* Hercules Ross / *Place of Business,* 94 Conway St

L. L. Dyer M.D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 September 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Connolly

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Constitution St Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 273 N. Front St.

Cause of Death { First, (Primary,) Malignant Scarlet fever, Second, (Immediate,) 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 21 1878

{ *Undertaker,* James D Byrne

{ *Place of Business,* No 63 N Front St

Edward P McDevitt M. D.
Medical Attendant.

Address, 137 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Mulberry St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 22. 1878

Undertaker, S. W. Chase

Place of Business, 5 Howard St

Frank H. Gunnor *M. D.*
Medical Attendant.

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter McKlenny

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Seaboner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 209 Hamburg St.

Cause of Death { First, (Primary,) Internal injuries received on the
Second, (Immediate,) above date by a bank of clay falling upon him 3 hrs.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 21. 78

C. M. Abell *M. D.*
Medical Attendant.

Undertaker, S. H. Shaw

Place of Business, 5 Howard St *Address,* 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th Sept 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adarinco Marsh

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Hanover

Cause of Death, First (Primary,) Int. Fever

Second (Immediate,) Eff Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 22d 1878

Aug. W Dodge M. D.
Medical Attendant.

Undertaker, Armstrong & Gorry

Place of Business, 263 Light St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27715 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19" 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Adams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty five *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} No 66 Wayne Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Sept 22/1878

4/8 Lutemus M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Howard St *Address* 53 & Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 1186

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Bowman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} Winans cor Spring Gardens

Cause of Death, First, (Primary.) Accidentally

Second, (Immediate.) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W O Cemetery

Date of Burial, Sept 21 1878

Undertaker, Fred A Kershner

Place of Business, 50 S Carrollton Ave *Address,* Harrison & Barre Sts

R. C. Lee M. D.
Medical Attendant.
Coroner S D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Wagner

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 54 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lemcum St near Alisane St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Lemcum St

Cause of Death, {First (Primary,) Gastritis

Second (Immediate,) Convulsion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ivy Cathedral Cem

Date of Burial, Sept 21 1878

Undertaker, H. L. Snader

Place of Business, 252 Canton

J Eneland M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cleary

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 7 Pleasant alley

Cause of Death { First, (Primary,) Catarrh Fever
Second, (Immediate,) Convulsions

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 22nd 1878

Undertaker, Henry Sander

Place of Business, 262 Canton Av. *Address,* 117 E. Broadway

D. R. W. Mansfield ~~M. D.~~
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

Date of Death, September 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Russell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 402 W. Fayette St.

Cause of Death, First (Primary,) Hydrocephaloid

Second (Immediate,) Convulsions.

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Sep 22

Undertaker, H Cook

Place of Business, 707 West Baltimore

R. J. J. Ellis *M. D.*
Medical Attendant.

Address 315 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hicks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 161 Chesnut Alley between Cultom & Baker st

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Sept 22 74

Undertaker, S W Clark

Place of Business, Hanover St

Geo C Pole Coroner, *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21/78.

Full Name of Deceased, {Write legibly and spell coriectly. If an Infant not named, give names of parents.} Minnie Coleman

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ~~—~~ *Years,* 10 *Months,* 6 *Days*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 41 Argyle Av,

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 23, 1878

{*Undertaker.* Geo. Saffran

Place of Business, 121 Monroe Avenue

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 21
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fort

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 26 *~~Months,~~* *~~Days~~*

Color, Colard

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Know not

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of Virginia

Duration of Residence in the City of Baltimore, one year in this

Place of Death, {Give street and number.} No 21 Bath St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Con Consultions

Duration of Last Sickness, five month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sep 22 1878

Undertaker, Wm. N. Dunge

Place of Business, No 62 East St

F W Cruk M.D.
Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Stapleton Fendall

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 411 232 E Fayette st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 22d 1868

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J G Handley M.D.
Medical Attendant.

Address, 207 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt McDonald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~24~~ 27 *Years,* 7 *Months,* 13 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} National Hotel Cor Holliday & Fayette Sts

Cause of Death, First (Primary,) Overdose of Laudanum administered by

Second (Immediate,) himself probably not with unsound mind

Duration of Last Sickness, Jury Verdict

All the above information should be furnished by the Physician

Place of Burial, Green Mount cemetery

Date of Burial, Sept 23d 1878

Undertaker, Jno H. Weaver

Place of Business, #22 W Fayette St

Edm Jas Walker M. D.

~~Medical Attendant.~~

Address Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of the last sickness, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Church St

Cause of Death, {First (Primary,) Pthisis Tub

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22. 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard St

St. Paul St

M. D.
Medical Attendant.

Address 20 Fort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. McKay

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* *Days.*

Color, Mulatto *Sex,* ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 19 Waesche St.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 19 Waesche St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Debility -

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. B. Gardner *M. D.*

Medical Attendant.

Date of Burial, Sep 22 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address* 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 21. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Tolen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 612 Lig Eb St

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician,

Place of Burial, Western Cem

Date of Burial, September 23 1898

Undertaker, Julius Kachelen

Place of Business, Sharpe & Boyle *Address,* 116 Eleventh St

A. Lenton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~2~~ 27728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Mennor.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Hers Keeping.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mammelsdorf Kingdom of Bavaria

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} Baltimore in Bethelfleet St. 184

Cause of Death, First (Primary,) Second (Immediate,) Metritis chronica

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetary

Date of Burial, 22th Septr. 1878

Undertaker, Wm. Nicolaus

Place of Business, 208 Alice Ann.

Ernst Hamel M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. H. Tilghman,

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 53 Years.

Place of Death, {Give street and number.} 116 Hill St.

Cause of Death, {First (Primary,) Consumption. / Second (Immediate,)}

Duration of Last Sickness, About 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamont

Date of Burial, Sept 22/1878

Undertaker, H Rose

Place of Business, 95 Bowly

J. M. White, M.D.
Medical Attendant.

Address, Balto. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm I Barton

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, — *Years,* 3 *Months,* — *Days*

Color, Co

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 113 N Spring St

Cause of Death, First (Primary,) Syphilis (Hereditary)

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 22 1878

Undertaker, Chas F White

Place of Business, 69 E Balto St

Chas H Nash M.D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie & Alfred Hazel (Parent)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 Shuter St near Wads

Cause of Death, {First, (Primary,) Incog Lungs or Pul Congestion
Second, (Immediate,) Spasms Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22 1878 John F Clemm M. D.
~~Medical Coroner.~~

Undertaker, Chas A White

Place of Business, Granby St *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Bausant

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Weaver

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 (about) *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All Her life..

Place of Death, {Give street and number.} No. 8 Bevan Street

Cause of Death, First (Primary,) Asthma with Emphesema

Second (Immediate,) ~~Eight & a half Months~~ Embolism

Duration of Last Sickness, Eight and a half months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Junction

Date of Burial, Sept 23 1878

Undertaker, Charles F. Hoerle

Place of Business, 170 Sharp St.

Rich'd H. Thomas M. D.
Medical Attendant.

Address 438 Madison Avenue (beyond Wilson Street)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

Date of Death, Sept. 22nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marion Steinberger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Junk Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bavaria 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 267 E. Monument St.

Cause of Death, { First (Primary.) Paralysis & Days / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levy's St Hebrew Cemetery

Date of Burial, September 24th

{ *Undertaker,* Wm Eiean / *Place of Business,* 101 Forest St. }

A. E. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

South of Gray, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22th of Septbr 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Albert Koehler.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} N 58 Milliman Street.

Cause of Death, {First (Primary,) Consumptio pulmonum

Second (Immediate,)

Duration of Last Sickness, under my attention the last three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath. Cemetery

Date of Burial, September 24th

Undertaker, Lenhart Fritz

Place of Business, 1. Bond St. & Ann.

H. R. V. Ames M.D.
Medical Attendant.

Address N 176 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Mary E Johnston

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 136 Monument

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemty

Date of Burial, 24th Sep. 1878

F. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st. *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} Cor Cross & William St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) "

Duration of last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Sept 24" 1878

Undertaker, A D Thomas

Place of Business, 58 S Eutaw St

J B B Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DLANT & CO. CITY PRINTERS AND STATIONERS. Transit 118 [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d Sept 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Analzia A Bromseth

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Russia

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} Rear. Lead Works Ft Ave

Cause of Death, {First (Primary.) Malarial Fever / Second (Immediate,) Child Birth}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 23d

Undertaker, B Kyle.

Place of Business, 711 Light St.

Aug W Dodge M. D.
Medical Attendant.

Address 241 Hanover St. Baltd Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Behrens

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 264 E. Biddle St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephalus acutus

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

Hoffman M. D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha O'Brien.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 28 years *Months,* ____ *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston. Mass.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 53 Ettings sh.

Cause of Death, First (Primary,) Organic Disease of Heart.

Second (Immediate,) Premature Labor.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 23d

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. H. Lizzard

Place of Business, 207 Penn *Address* 241 Linden ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 22: 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gibson,

Sex, ~~*Male or*~~ *Female,* { Cross out the words not required in this line. }

Age, 84 *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Scotland, 50 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 109 W. Biddle St.

Cause of Death, { First (Primary,) Apoplexy

Second (Immediate,) 1 month,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, Sept 23/78

Undertaker, Duncan & Wilson

Place of Business, 35 N. Eutaw

J. H. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daughter of Saml & Mary Fountain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* ~~~ *Months,* Eight Hours *Days.*

Color, White *Sex,* ~~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 96 W Eden St City

Duration of Residence in the City of Baltimore. ~~~

Place of Death, {Give street and number.} 96 W Eden St

Cause of Death, First (Primary,) Seven Months Pregnancy

Second (Immediate,) Natural Causes

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 23. 1878

Undertaker, Saml Fountain

Place of Business, 58. Lexington st

H. E. Hooker M. D.
Medical Attendant.

Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Nichols

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanford County Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} No 3 Mosher St

Cause of Death {First, (Primary.) Hypertrophy of Heart

Second, (Immediate.)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23rd 1878

Undertaker, Theodore J. Leeks

Place of Business, 56 Jefferson St

Wm. L. Hunt M. D.
Medical Attendant.

Address, Broadway & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27743

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27743,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas M. Brookbank

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor Howard & Hunnicutt Sts

Cause of Death, First, (Primary.)

Second, (Immediate,) Scarlet Fever 4 d

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 23d 1878

Thos Cook M. D.
Medical Attendant.

Undertaker, John Mackie

Place of Business, Park & Liberty Sts *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22d, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaretta Maurer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 171 S. Chapel St

Cause of Death, {First (Primary,) An extensive Burn of the face, chest, Second (Immediate,) and abdomen.

Duration of Last Sickness, 5 hours,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 24. 1878

Undertaker, H. A Daiger

Place of Business, 74 S. Broadway

John H. Rehberger M. D.
Medical Attendant.

Address 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 27745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1878 BALTIMORE

HEALTH DEPARTMENT SEP 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred L Pike Lake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty six *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} 77 Harlem Avenue

Cause of Death, {First (Primary,) } {Second (Immediate,) Bright's Disease of Kidneys

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Charlestown W Va

Date of Burial, Sept 25th 1878

Jas H. Gaskins M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette st *Address* 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Issued 1188

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anna Lederer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67 Years, ____ Months, ____ Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Midwife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 92 S. Castle

Cause of Death, First, (Primary,) Intussusception

Second, (Immediate,)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Alpha Mission Cemetery

Date of Burial, Sept 23rd

Undertaker, J. Koehler

Place of Business, 244 East Lamb and 84

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 / 1878 /

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Ruckaier

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 / *Years,* *Months,* *Days.*

Color, Wh —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plumber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 82 Warner St.

Cause of Death { First, (Primary,) Chronic Bright's Disease. / Second, (Immediate,) about 15 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 24th 1878

Undertaker, Edward Fitzgerald

Place of Business, 70 Hanover Street

R. J. N. Tull M. D.
Medical Attendant.

Address, 152 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 - 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Whiting

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill, Md.

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, {Give street and number.} 105 Edmondson Ave.

Cause of Death, First (Primary,) Bright's Disease of Kidneys (

Second (Immediate,) Serious Pulmonary & Cerebral Apoplexy

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Md.

Date of Burial, 25th Sep. 1878

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st.

John J. King M. D.
Medical Attendant.

Address 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Frances 1189

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, House 2 days

Place of Death, { Give street and number } St Vincents Infant asylum

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) Spasm

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Sept 24 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, E & McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Sept 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~Dispensary~~ *Baltimore,* 14 days

Place of Death, { Give street and number } St Vincents Infant asylum

Cause of Death, { First, (Primary,) Marasmus / Second, (Immediate,)

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept. 24 1878

Undertaker, Samuel Brown

Place of Business, 152 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d Sept 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Cresswell

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, abt 60 *Years,* *Months,* *Days*

Color, wht

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cathedral st extended

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 24th 1878

Undertaker, C. L. Lewis

Place of Business, 271 Madison St

G. L. Donaghue M.D.

Medical Attendant.

Address, 129 N Biddle

A 14

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27752

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 23
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d. September 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jelanjoswski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Durham Street 214.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch. William Henkel M. D.

Date of Burial, Sep. 23rd 78 Medical Attendant.

Undertaker, A. Graves *Address* S. Wolfe Street 117.

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27753.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Reed

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge Md.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 340 Aisquith St

Cause of Death, {First (Primary,) chronic diarrhoea

Second (Immediate,) old age

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept. 25/78

{*Undertaker,* Geo Schulting

{*Place of Business,* Cor Aisquith & Monument

H Wells M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } B Jean

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Johnsons Cemetery

Date of Burial, Sept 24 th

Undertaker, Ambrose Krehler

Place of Business, 244 E Lombard st

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
SEP 24
1878
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23 in 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Rick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number} 418 Light St

Cause of Death, First, (Primary,)

Second, (Immediate,) Epithelioma of the Uterus

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, H. Mount Burying.

Date of Burial, Sept 25 th 1878

Undertaker, T. Hearle

Place of Business, Light St

Theodore Cook M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 September 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Wellermann

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 57 *Years,* 5 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 195 Lexington st.

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,)

Duration of Last Sickness, 26. 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Johns RC Com

Date of Burial, Sep 26, 1878

Undertaker, Henry Hook

Place of Business, 387 Central Ave

C Hoffman M.D.
Medical Attendant.

Address, 57 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st. 18.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lodge 11

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 11 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Jacksons Court.

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) 10 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, Sept 23 1878

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

Louis Chs Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Foot of O'Donnells wharf (found drowned)

Cause of Death, First (Primary,) Accidental

Second (Immediate,) Drowning Jury Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E. P. Cemetery

Date of Burial, September 23 Edmund R Walker *M. D.*

Medical Attendant.

Undertaker, Patrick Mullin *Address* Coroner M P D

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24th 1878 — 8.55 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. Bennett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, In U.S. 24 yrs In Balto 7 weeks

Place of Death, {Give street and number} 11 S. High St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Sixteen Months

All the above Information should be furnished by the Physician.

Place of Burial, Jersey City N. J

Date of Burial, Sept 25th 1878

A. Augt Shertzer M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1190

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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16
Jell

Permit No. 27760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 110 *Years,* This age was Claimed by Mrs Wheeler *Months,* *Days.* other person knows

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Since 16 years of age

Place of Death, {Give street and number.} 210 Chesnut alley

Cause of Death, First (Primary,) Old age

Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 25th 1878

Undertaker, C. H. Blaggarff

Place of Business, Penn & Biddle

J. L. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 27761

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unitia Mish

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 15 S Howard St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sep 25th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Geo Edwin & Annie Taylor

Sex, Male ~~or Female,~~ {Cross out the word not required in this line,}

Age, ... *Years,* ..... *Months,* 2½ hours ~~Days.~~

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Ebenezer Parsonage Montgomery St £45

Cause of Death, {First (Primary,) ..... Second (Immediate,) Protracted delivery

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 25th

Undertaker, Reuben Boss

Place of Business, 94 Conway St

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27763

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J. John Schneider

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 206 Preston St

Cause of Death, {First, (Primary,) Premature Birth (6 mos
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 25th 1878 James A Steuart M. D.
Medical Attendant

Undertaker, Phill Reichelsing

Place of Business, Townsend St *Address,* Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Janeaut [OTHR.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eizi George McCauley

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 25 years,

Place of Death, {Give street and number.} 204 N. Bond St

Cause of Death, {First (Primary,) Anemia –

Second (Immediate,) 4 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th 1878

Undertaker, Mr Heckman

Place of Business, Gay St

J. H. Hoeck M.D.
Medical Attendant.

Address, 35 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B Carrattron

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} Boys Home. ~~Mark~~ Calvert & Pleasant

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis
Second (Immediate.) 8 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25th Sept/78

Geo R Reynolds M. D.
Medical Attendant.

{*Undertaker,* Frey & Bro
Place of Business, S W Cor Broadway & Fayette

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Butler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 12 McCubbin St

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) /

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Mem

Date of Burial, Sept 26 1878

Undertaker, Thos J Sockes

Place of Business, 6 Jefferson St *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25th September 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* 8 mo. *Months,* 23 *Days.*

Color, Color[illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 162 S. Dallas Sts.

Cause of Death, First, (Primary.) Cerebral Haemorrhage

Second, (Immediate.)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 25 1878

Undertaker, Thos J Locke

Place of Business, 57 Jefferson St *Address,*

L. L. Sikes M. D.
Medical Attendant.

No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie A. Riley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Seven *Months,* One *Days*

Color, Mulatto *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} No 58 Mulberry

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery *Jno D. Blake* M. D.

Medical Attendant.

Date of Burial, Sept 26. 1878

Undertaker, S. W. Gilmore

Place of Business, 8 Howard St *Address* 114 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

Permit No. 27769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sptb. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bendewald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 206 Columbia

Cause of Death, First (Primary,) asthma

Second (Immediate,) old age

Duration of Last Sickness, 5 or 6 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore sinner

Date of Burial, 26 of seytember

Undertaker, Andrew Knell

Place of Business, 206 Columbia Av.

Address 95 S. Sharp St.,

H. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27770.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gardner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 398 West St

Cause of Death { First, (Primary,) — Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shs. St Ans

Date of Burial, Sept 25th 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Address, Comm of Health

M. D.

~~Medical Attendant.~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Laurence Mann

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 366 William St

Cause of Death, { First, (Primary,) Diarrhea

Second, (Immediate,) Marasmus

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept. 25th 1877

Undertaker, C. F. Krause

Place of Business, 209 Hanover St *Address,* 100 Hanover St

DR. J. H. SMITH. SEP 24 1878 BALTIMORE, MD.

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy J Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 44 Riverside av

Cause of Death, {First (Primary,) Acteus

Second (Immediate,) Acute Hepatitis

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 25th 1878

Undertaker, Armstrong & Denny

Place of Business, 863 Eighth st

H. B. Noble M. D.
H. M. Webster
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lidia Mason

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the ~~word not~~ required in this line.} .....

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fredericksburg Virginia

Duration of Residence in the City of Baltimore, 44 years.

Place of Death, {Give street and number} S. Paca abv Lee

Cause of Death, First, (Primary,) Cancer of Breast

Second, (Immediate,) Exhaustion from

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, September 26th

Undertaker, W. M. Madden

Place of Business, 333 N. Howard

D. G. H. Lewis M. D.
Medical Attendant.

Address, Carrollton Depot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Rubrics Below, and to List of Diseases [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Unknown Believed Sept 21 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Gaily Unknown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, about 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Laborer ~~Unknown~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Unknown, Believed Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } Basin near Elevator A. L. P.

Cause of Death, { First, (Primary,) Drowned / Second, (Immediate,) Shot

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. S. Cemetery

Date of Burial, Sept 24th 1878

Undertaker, Fred'k A. Kirchner

Place of Business, 508 S. Carrollton Ave

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner S. D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fred'k A. Kirchner

Board of Health, City of Baltimore,

Permit No. 27775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Washington

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 82 Sterling St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, one & half years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 26 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

James A Steuart M. D.

Medical Attendant.

Address, Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sandauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* 11 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 434 Canton Av.

Cause of Death, First, (Primary,) Gastro Enterilis

Second, (Immediate,) Diarrhoeal

Duration of last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 26th 1878

Undertaker, H. H. Gilmore

Place of Business, 411 Eastern Av

L O Winternitz M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia & John Bonney Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 113 Union Alley

Cause of Death {First, (Primary,) Premature Birth (8 mos

Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 26th 1878

Undertaker, C. A. Whites

Place of Business, 35 Granby St

James A Steuart M D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept^r 24^th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Rosa Darr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Lab~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxe (germanie)

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor Cor: John and Valley Street

Cause of Death, First (Primary,) ..... Old age

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ St Alphonsus Cemetery

Date of Burial, ...

Undertaker, Henry Schultheis

Place of Business, ...

J. H. Shinn M. D.
Medical Attendant.

Address Cor Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Sept. 25th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 22 Greenmount Ave.

Cause of Death { First, (Primary,) Tubercular Meningitis, / Second, (Immediate,) ~~Two months~~ / Three months.

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Sept 26th 1878

Undertaker, Geo. C. Roberts

Place of Business, Eutaw & Lee

Wilmer Poole M. D.
Medical Attendant.

Address, 25 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Harris

Sex, ~~Male.~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Cemetery Lane

Cause of Death { First, (Primary,) Scrofula

Second, (Immediate,) affected from Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 25th 1878

Undertaker, Geo Schultz

Place of Business, Augusta St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Latitia Boslon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 55 North st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 " "

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26th 1878

H. N. Shultz *M. D.*
Medical Attendant.

{*Undertaker,* Wm N Linger *Address* 11 South Arlington ave

{*Place of Business,* No 16 Plaktonday

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27782,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Winter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 83. Scott st

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina Malig na

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, September 26th 78

{*Undertaker,* Ph. J. Dice / *Place of Business,* 183 Columbia av.}

O. L. Buddenhagen M.D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27783,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulie Eugenie Cassel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 9 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Wilmer al

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 26 1878

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw St

Chas E. Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27784

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Sept 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Harris

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 0 *Years,* 4 *Months,* *Days*

Color, Blue

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 L. Monument

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26th 1878

Undertaker, Wm J Gray

Place of Business, 65 Madley St

G. L. Tanenhyle M.D.

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. T. Neill

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 142 East av.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 26th. 1878

Undertaker, James Byrne.

Place of Business, Front St. near [illegible] *Address,* .....

C. M. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Gertrude Miller
Sister Mary Terentia

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sister Sister de Notre Dame

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada Allegany Co. New York

Duration of Residence in the City of Baltimore, five or six months

Place of Death, {Give street and number} Convent de Notre Dame Lafayette Sq

Cause of Death First, (Primary.) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, eight months

All the above information should be furnished by the Physician.

Place of Burial, St Alfansus Cemetery

Date of Burial, Sept 26th 1878

John F. Scrimger M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W. Jay St *Address,* S.W. Cor Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

Date of Death, Sept^r 25^th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, a few years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Corner John and Valley Sts

Cause of Death, First (Primary,) ...

Second (Immediate,) Desease of Heart

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept^r 27^th 1878

Undertaker, Henry Schultheis

Place of Business,

H. E. Cooper M. D.
Medical Attendant.

Address No. Druid Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Major Smith Col.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Day man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 39 Greenmillow st.

Cause of Death, First (Primary,) Brain Softening.

Second (Immediate,) Paralysis.

Duration of Last Sickness, about 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery John Dickson M. D.

Medical Attendant.

Date of Burial, Sep 27 1878

Undertaker, S. W. Chase

Place of Business, 193 S Howard st *Address* 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Luckmiller

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 74 *Years,* 7 *Months,* 1 *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 98 Chew St

Cause of Death, First (Primary,) Intestinal Obstruction

Second (Immediate,)

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 27th 1878

Undertaker, John S. Weaver

Place of Business, # 22 W. Fayette St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinkney Mather

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 25 Years,

Place of Death, {Give street and number.} 109 N. Bond St

Cause of Death, {First (Primary,) / Second (Immediate,) Softening of the Brain,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 28

Undertaker, Mr. Troth Loane

Place of Business, Baltimore St

S. K. Hancock M.D.
Medical Attendant.

Address, 35 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burk,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 33, *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland, 8 years,

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} City Hospital,

Cause of Death, First (Primary,) Syphilis.

Second (Immediate,) Diarrhoea, 6 Months.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 26 1878

Undertaker, James O Byrne

Place of Business, No 63 ½ Front St

Wesley Chambers, M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Carroll Jordon Eusor.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 730 W Pratt St

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) "

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Wyatts cemetery

Date of Burial, 28 Sept

Undertaker, J B Cook

Place of Business, 707 West Baltimore

J W Kegerise M. D.
Medical Attendant.

Address, W Cs Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27793, 1/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1879 BALTIMORE

Date of Death, Sept 26th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Reed

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, Colored 1/1

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Reese's alley - 2nd door from Lee St

Cause of Death First, (Primary,) mal Nutrition

Second, (Immediate,) atrophy

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Sept 26th 1876 James A Steuart M. D.

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carrollton Ave *Address,* Comm of Health or Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Jas Vansant

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mackfull

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, C *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 3 Philpot Al

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery H. T. Reynolds M. D.

Medical Attendant.

Date of Burial, Sept 27th 1878

Undertaker, Geo E. Jones

Place of Business, Dallas St *Address* Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept - 24 - 78

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A Finney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* 10 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married,* Single,~~ *Widow or Widower,* { Cross out the words not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number. } Pratt st & Appleton st E

Cause of Death, { First (Primary,) Rheumatism. Second (Immediate.) Exhaustion in old age.

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery J H R Wolfe M. D.

Date of Burial, 28 Sept - 78 Medical Attendant.

Undertaker, J B Cook *Address* 28 South Gilmor st

Place of Business, 707 West Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sullivan

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemty

Date of Burial, Sept 27th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie Pease

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 84 Peirce

Cause of Death, {First (Primary,) / Second (Immediate.)} Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 28 1878

J. C. Harris M. D.
Medical Attendant.

{*Undertaker,* Mathew Cadogan
Place of Business, 230 Mulberry St.} *Address* No 360 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Espey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 103 N. Duncan Ave.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Y. Pratt Rd

Date of Burial, Sept 27 1878

Undertaker, M. A. Dauger

Place of Business, 744 S Broadway

Jno. D. Thorne M. D.
Medical Attendant.

Address, 651 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah & Isiah Bantum

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 412 Mc Elderry St

Cause of Death {First, (Primary,) Inanition

{Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27 1878

Undertaker, Chas A White

Place of Business, Granby St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27, 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Rest

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 39 E. Biddle St. near Aisquith Lane

Cause of Death {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 28th 1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, A. Fink

Place of Business, 461 W. Gay St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Kraeger

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } N. W. Cor Castle and Fountain Sts.

Cause of Death, First, (Primary.) Cerebral Hemorrhage

Second, (Immediate,) Convulsions

Duration of last Sickness, Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, September 27th 1878

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27802.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harrison Barnes

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 6 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 29th 1878

W. H. Neal ..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ...

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PRS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27803.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie Fisher

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 6 0 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 117 Cooksie st

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Asthma.

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cem'y

Date of Burial, Sept 27th 1878

Undertaker, J. Kerchner

Place of Business, S. Carrollton Av *Address,* Comm of Health

James H Stuart M. D.
~~Medical Attendant.~~
Physician

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

Date of Death, Sept 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen F Saunders

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, Two *Years* Two *Months,* *Days*

Color, Colored

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Necessity Hospital

Cause of Death, {First (Primary) Tuberculosis

Second (Immediate,) Asthenia 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29th 1878

Undertaker, H. H. & J. Burger

Place of Business, No 28 East St

Dudley Chambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Grey.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty four *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 34 yrs & 9 mos.

Place of Death, {Give street and number.} Corner Wilkery & Spring.

Cause of Death, First (Primary,) Heart Disease.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 28th

Undertaker, Isham Henry.

Place of Business, 356 Caroline St.

D. G. Ireland. *M. D.*
Medical Attendant.

Address Coroner's Visit.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 27806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Howard Hunt

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} #36 N. Bond St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, about 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28 1878

Undertaker, Geo Schilling

Place of Business, Pitzland & Eyman

Geo. A. Hartman M.D.
Medical Attendant.

Address, #305 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Neuberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Eight *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 23 Essex St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Wm H Cudmiss, M. D.
Medical Attendant.

Address, 107 N. Bur[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27808

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

Date of Death, Sept 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Houlton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 69 Edmondson Ave Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} The place of birth

Cause of Death, First (Primary,) Gastro-Enteritis

Second (Immediate,) Inanition

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial, Sept 28th 1878

Undertaker, Wm H Hickman

Place of Business, 1623 1/2 Jay St

C. Adams M. D.
Medical Attendant

Address 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdelina Hovsey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 21 E Dunbar

Cause of Death First, (Primary,) Intermittent Fever

Second, (Immediate,) Remit-Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 26 1878

Undertaker, [redacted]

Place of Business, [redacted] *Address,* [redacted]

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brandt

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, one *Years,* three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 227 South Dallas

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Diphtheritic Enteritis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, September 29th

Undertaker, Fred Gaede

Place of Business, 221 S. Caroline St. *Address,* No 1 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Waters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 161 Vine St Balt

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 161 Vine St

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infant.

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept. 28th 1878

Undertaker, Wm. F. Bishop Jr.

Place of Business, 97 Druid Hill Ave. *Address* 58 South Sharp St.

G. B. Litcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27-1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 27 Marsis Al.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hemorrhage from lungs

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, New cathedral

Date of Burial, September 8th

Undertaker, John E Jordan

Place of Business, 61 Park St

R. F. Morison *M. D.*
Medical Attendant.

Address Special Delivery
North Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 27813,

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th. September 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Mary Roessler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} S. Bethel street 217.

Cause of Death, {First (Primary,) Tabes mesenterica
Second (Immediate,)} 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 29 Sept 1878

William Henkel M. D.
Medical Attendant.

Undertaker, John C. Gluck

Place of Business, 265 Aisquith

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis J Cohen.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 63 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Salesman.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Amsterdam Holland.

Duration of Residence in the City of Baltimore, About forty years

Place of Death, {Give street and number.} 232 Saratoga St

Cause of Death, First (Primary,) Abdominal tumor, producing dropsy, anorexia &c.

Second (Immediate,) Inanition.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Sept. 29

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt,

W G Requier M.D.
Medical Attendant

Address, 1 W Cs Fayette & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah I Duering

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 15 Penn St.

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y J. C. Harris M. D.

Date of Burial, Sept. 28th 1878 Medical Attendant.

Undertaker, C. Wiegand

Place of Business, Druid Hill Av. *Address* No 360 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Keller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 2 Hopkins Court

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Convulsions

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 28th 1878

Undertaker, Henrietta Lippel

Place of Business, 151 S Bond *Address,* ____

G. L. Wilson M. D.
Medical Attendant.

Address, 41 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Rutherford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Holliday

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery *Geo B Reynolds* *M. D.*

Date of Burial, Sep 28 1878 Medical Attendant.

Undertaker, J P Byrne *Address* 43 W. Calvert

Place of Business, 63 Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27 th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elza Caspar

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 12½ Fort ave.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th

J. O. Harrington M. D.
Medical Attendant.

Undertaker, Henry Steele

Place of Business, Henrietta St 81 *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 27819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 275 Gough St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 29 Sept 1878

Undertaker, John F Gluck

Place of Business, 105 Aliceanna

Thomas J Evans M. D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teadon Conner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 35 years in U S

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 12 Durham Alley

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) Natural

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, September 27

Edmd Rondeau M. D.
Medical Attendant.

Undertaker, Patrick & Mullin

Place of Business,

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana R. Brown

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 43 yr, Months, Days 16

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer's Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Warrenton Farm No 82

Cause of Death, First (Primary,) Cancer of the Breast

Second (Immediate,) Exhaustion I have not seen her for three years but from the cancer I think about five years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 29 1878

Undertaker, S Wilson

Place of Business, 861 98 Howard St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hall

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 181 York St

Cause of Death { First, (Primary,) Disease of Spine

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Black's St. Cemetery

Date of Burial, Sept 29 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

Jas. A. Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C[illegible] & CO, CITY PRINTERS AND STATIONERS.

Exam by D. F. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27823.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zora Victoria Green

Sex, Male or Female, {Cross out the words not required in this line.}

Age, / *Year*, 4 *Months*, 23 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 11 Stockton Alley

Duration of Residence in the City of Baltimore, I. L.

Place of Death, {Give street and number.} 11 Stockton Alley

Cause of Death, First (Primary,) Marasmus — I saw this child when it
Second (Immediate,) was only a few months old — Its life then was very feeble, but it improved, & I have not seen it since

Duration of Last Sickness, till today, when I was called to see it after quite a sudden death, I cannot therefore give the causes of death precisely. Chas Hood M.D.
Medical Attendant.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetary

Date of Burial, Sept the 29th 1878

Undertaker, William A Dungee

Place of Business, 10 Stockton alley

Address, 21 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Williams

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 5 Mott st

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept the 28th 1878

Undertaker, William A Dungee

Place of Business, 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennard Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 267 Mecdonough st

Cause of Death { First, (Primary,) Cerebro Pneumonia
Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co

Date of Burial, Sept the 29th 1878

Undertaker, William H Dungee

Place of Business, 62 East St

Wm. L. Wood M. D.
Medical Attendant.

Address, Broadway & Fleet sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record 1192

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 26th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Boulden.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 31 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Cook,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 37 N. Dallas St.

Cause of Death, First, (Primary,) Bilious Remittent Fever,

Second, (Immediate,) Asthenia.

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept the 29th 1878

Undertaker, William N Dungee

Place of Business,

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 1/2 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents names Joseph W. & Mary L. Leitham

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 hours *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 22 hours

Place of Death, {Give street and number} 292 W. Hoffman St

Cause of Death {First, (Primary,) Premature Birth and fragility in term
Second, (Immediate,) of Congenital Malformation

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holey Cross Cemetery

Date of Burial, September 28th 1878

Undertaker, William Weaver

Place of Business, No 202 N Eutaw St *Address,* 72 Lemmon Ave.

D. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Septr 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerhart Ginter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 33 Biddle alley

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) over 20 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th 1878

Undertaker, Andrew Lilly

Place of Business, 117 Druid Hill Av *Address,* 23 McCulloh St

C Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 27829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Spearman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 702 Hanover Str.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) ~~4 Days~~

Duration of last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Bom.

Date of Burial, Sept 29th 1878

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St

J. O. Harington M. D.
Medical Attendant.

Address, 321 Light Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 27830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Haines

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Ennty 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs,

Place of Death, {Give street and number} Bond St. & Caton Ave.

Cause of Death, {First, (Primary.) Internal injuries

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Hebrew Cemetery

Date of Burial, October 1st 1878

Undertaker, Jno. Eller

Place of Business, 101 Gough St

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner E.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clifton Martin

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One Year, One Month, Days.

Color, Dark brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, One Year & One Month

Place of Death, { Give street and number } No 10 Carrol St.

Cause of Death, { First, (Primary.) Unknown

Second, (Immediate,) Marasmus

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loyd Cantag

Date of Burial, 29th Sept 1878

Undertaker, Lee & Sloan

Place of Business, 151 Baltimore St

B F Cohen M. D.
Medical Attendant.

Address, Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 27832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1898 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1898

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. J. Silcott

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Lexington & Eutaw

Cause of Death, First, (Primary,) Membranous Laryngitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 20

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

H P McKnew M. D.
Medical Attendant.

Address, 552 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leronie Harvey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Eleven *Months,* Two *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Baker St.

Cause of Death, {First, (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Garrison Chapel

Date of Burial, Sept 29. 1878

Undertaker, John C. Gordon

Place of Business, No 63. Park St.

Dr. L. H. Barclay M. D.

Medical Attendant.

for

Address Homoeopathic Dispensary

25 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 278324

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 29 1878 3 35

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Joseph Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* # 7 Hours *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 52 Williamson Street

Cause of Death, First (Primary,) ...

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem. Bay.

Date of Burial, September 29th.

Undertaker, B. Hall.

Place of Business, 711 Eight St

R. M. P. Ellis M. D.
Medical Attendant.

Address 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Woelfel

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.} Woelfel

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 Canton Ave

Cause of Death, {First (Primary,) Angina membranacea

Second (Immediate,) Suffocation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. A. Johns Cemetery

Date of Burial, Sept. 30th 1878

{*Undertaker,* M. Trance

Place of Business, 210 Canton Ave

J. Mathes M.D.
Medical Attendant.

Address, 1918 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Sept. 27th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James St. Hugh'

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, ... *Years,* ... 2 *Months,* ... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S Donnally's Court.

Cause of Death, First (Primary,) Bronchitis — Pneumonia,

Second (Immediate,)

Duration of Last Sickness, 6 days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 28

Undertaker, Abraham Wagman

Place of Business, 138 Oratoga St

Wilmer Bruton M.D.
Medical Attendant.

Address, 257 Gruemont Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th day of September

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Hobbs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 9 *Months,* 24 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 27 George

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,) Intestinal Haemorage

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Date of Burial,* September 30th 1878 D. P. Hoffman *M. D.* Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lopeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} No 204 Preston St.

Cause of Death, First (Primary,) Intermittant fever

Second (Immediate,) Congestive Chill

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Star Cemetery

Date of Burial, Sept 30. 1878

Undertaker, John C Jaden

Place of Business, No 63. Park Ave

H. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Griffin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 8 *Months,* *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number} 114 Pearl st

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1878

Undertaker, J. McCleary

Place of Business, No 198 Hanover st

F F Rohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Pearl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hartnett

Sex, Male or Female, {Cross out the word not required in this line.} M Hartnett

Age, One *Years,* 10 mo. *Months,* 6 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 381 W. Fayette St

Cause of Death, First (Primary,) Enterogastritis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Boston Mg. *M. D.*

Date of Burial, Medical Attendant.

Undertaker, Hyde & Co. *Address* 185 Fayette St

Place of Business, 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Daniel 1193

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Freese

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* One *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 199 Aliceanna st

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 1st 1878.

L Whitehurst M. D.
Medical Attendant.

Undertaker, Leonard Perez

Place of Business, S. Bondstreet No 277. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Cole

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* 8 *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City & Resident of ~~L~~ 3. days

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor Bond & Madison St

Cause of Death {First, (Primary,) old age

Second, (Immediate,) Still

Duration of last Sickness, 2. days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Sept 30 1878

Undertaker, Geo C. Roderus

Place of Business, Ensor St

James Steuart M. D.

Address, Comm of Health Negro Hos

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. John H. Coulter

[illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 27843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28 Sept 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louiza Horn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Pa.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 176 Myrtle Ave

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Spasms & paralysis from Apoplexy

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Easton Pa

Date of Burial, Sept 28 1878 Charles A Geiger M. D.
Medical Attendant.

Undertaker, Leech & Merrill

Place of Business, #35. Park Ave Address No. 267 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis Speecal

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mr & Ben M. Dory

Sex, Male or Female, {Cross out the words not required in this line.} Male (Walter B. Dory)

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 281 N. Howard St.

Cause of Death, {First (Primary,) Cyanotic Marasmus

Second (Immediate,)}

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Tuesday Oct 1st

Undertaker, Wm B. Blackiston & Son

Place of Business,

Wm H. Kemp M.D.
Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Smith

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 26 Wilcox alley

Cause of Death, First, (Primary,) Infantile Debility

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October

Geo. Lowe Coe M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zink

Sex, Male or Female, {cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 16 Barney St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Sept 30 th

Theodore Berth *M. D.*
Medical Attendant.

Undertaker, Henry Brill

Place of Business, Henry Brill *Address,* 16 Barney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[CV 4R.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L Kemp

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 19 *Years,* 4 *Months,* X *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 65 Mt. Royal ave

Cause of Death, First, (Primary,) Abdominal disease

Second, (Immediate,) Exhaustion

Duration of last Sickness, For many years

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Sept 30th 1878

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

W. H. Kemp M. D.
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1194

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 27848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 187[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday 29th Sept

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Miller

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jamaica

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 92 Joppa Rd

Cause of Death, First, (Primary,) Cancer of Stomach & Liver

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant Cemetery

Date of Burial, Oct. 1st 1878

Undertaker, H. [illegible] Sander

Place of Business, 252 Carlton Ave

J. D. Arnold M. D.
Medical Attendant.

Address, 70 E. 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 27849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Unger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Twenty-seven years

Place of Death, {Give street and number.} 219 S. Bethel St.

Cause of Death, {First (Primary,) Acute Pneumonia accompanied by
Second (Immediate,) Malarial Fever.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, Octbr. 1st 1878

Undertaker, Wm. A. Nicolaus

Place of Business, 255 Alice Ann.

John H. Rehberger M.D.
Medical Attendant.

Address 243 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 1. 1878

Undertaker, Saml Brown

Place of Business, 152 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid Convulsions 24 hours

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Oct 1. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Gallagher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 Druid Hill Avenue

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Hemorrhage of Lungs

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 1st

C Winslow M. D.
Medical Attendant.

Undertaker, Wm McDonagh

Place of Business, 125 Druid Hill Ave

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J Kane

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, W. M.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and number } 93 Persist st

Cause of Death, { First, (Primary,) Intermittent Fever

Second, (Immediate,) Paralysis of the Bowels

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 1. St. October 78

Undertaker, P. J. Dill

Place of Business, 182 Columbia Address, 582 W Lexington st

Fred Eudelius M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 27852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Glendinning

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 Washington Road

Cause of Death {First, (Primary,) Chronic Diarrhoea

Second, (Immediate,)

Duration of last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Sept. 30. 1878

Undertaker, Philipp J. Dill

Place of Business, 183 Columbia Av *Address,* 76 Stiles St

J. H. Kinney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Meade Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seven Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 24 Park St

Cause of Death First, (Primary,) Organic disease of the heart

Second, (Immediate,) Dropsy

Duration of last Sickness, Four or five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 1st 1878

Undertaker, Fry & Son

Place of Business, 54 N Broadway

Wm. A. Taylor M. D.
Medical Attendant.

Address, Broadway & E. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 27856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1878 Sunday

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank I Akers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Mulliken St 158

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount-Carmel Cemetery

Date of Burial, Oct-1st 1878

Undertaker, Fry & Iro

Place of Business, 134 N Broadway

H Nelson M. D.
Medical Attendant.

Address 1 Broadway & Mulliken St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 27837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Sutherland.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 6 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 80 N Caroline St

Cause of Death, First (Primary,) Pneumonia Muscentium

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *M. D.*

Date of Burial, Oct 1st 78 Medical Attendant.

Undertaker, Jas Bee *Address* 211 Broadway

Place of Business, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 27858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept: 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Royal

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} # 9 Beach Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age,

Duration of Last Sickness, About 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 1878

Undertaker, Hercus Ross

Place of Business, Conway St

J. H. White M.D.
Medical Attendant.

Address, Balt. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Newcomb.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 29 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia. 6 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Burrell St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 2 1878

Undertaker, H. A. Watchman

Place of Business, 179 S Bond St

Wilmer Ponton, M.D.
Medical Attendant.

Address, 25½ Greenmont Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 27860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McFoley

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 5-5- *Years,* *Months,* 28 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 130 Park St

Cause of Death, {First (Primary,) Cerebral Congestion
Second (Immediate,) Coma}

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 2nd 1878

{*Undertaker,* H.W. Jenkins Son
Place of Business, 16 Light St.}

John A'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 27861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, Sept. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kempf

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.} Kempf

Age, 39 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 379 S. Third Street

Cause of Death, First (Primary,) Incompetent Nitrolis

Second (Immediate,) Hydrop Dropsy

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Oct. 2d 1878

Undertaker, M. Francis

Place of Business, 280 Canton Av

F. Flatten M.D.
Medical Attendant.

Address, 145 S. Bellmore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27864

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Catharine Quigley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 56 *Years,* 1 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 34 ~~North~~ [illegible]

Cause of Death, { First (Primary,) Paralysis

{ Second (Immediate,) 11 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, Octr 2d 1878

Undertaker, John Mackin

Place of Business, Park & Fayette sts *Address*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 27863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Osborn

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ 5 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 22 President

Cause of Death, First, (Primary.) Gastro enteritis

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Oct 1st 1878

P. G. Dausch M. D.
Medical Attendant.

Undertaker, Geo P Bya

Place of Business, 63 Fremont *Address,* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 2 Northern St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 40 Johns Alley

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 Da

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem

Date of Burial, Oct 1st 1878

Undertaker, Fred A. Kerchner

Place of Business, Conselliere Av

W. P. Hunt M. D.
Medical Attendant.

Address No 8 Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W Finken

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 67 Parkin St

Cause of Death { First, (Primary,) Pulmonary Catarrh
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lot St Alphonsus Cemetary

Date of Burial, Octbr 1st 1878

J H Harney M. D.
Medical Attendant.

Undertaker, P. H. Seewald

Place of Business, 35 S. Eutaw St Address, 76 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bevan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 35 Barnes St

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem J. H. Bolton M. D.

Medical Attendant.

Date of Burial, Oct 2, 1878

Undertaker, Henry Hoen *Address* S.E. Cor Gay & Centre St

Place of Business, 304 Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Flanagan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nursemaid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland 7 years

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 6 Hollins alley

Cause of Death { First, (Primary,) Peritonitis
Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 2nd 1878

Undertaker, J B Cook

Place of Business, No 707 W. Baltimore street

D McKeon M. D.
Medical Attendant.

Address, 154 Hunt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Elizabeth Paul

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* ~~Months,~~ 22 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 years 22 days

Place of Death, {Give street and number.} Con Monroe, & Hanover

Cause of Death, {First (Primary,) Second (Immediate,)} Convulsions —

Duration of Last Sickness, Three Days —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 1

{*Undertaker,* J B Cook
Place of Business, 707 West Baltimore St

Edward H Pue M.D.
Medical Attendant.

Address Gilmor & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Gambrel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 66 *Years,* ——— *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, All our for 15 years

Place of Death, {Give street and number.} 14 N Eutaw

Cause of Death, First (Primary,) Neuralgia of the heart

Second (Immediate,) Ossification of the valves of the heart

Duration of Last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laudenr Park Cemetery *Dr.* Wm Wallis *M. D.*

Date of Burial, Oct 3 Medical Attendant.

Undertaker, E. B Cook

Place of Business, 707 West Baltimore *Address* No 18 So Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE.

Date of Death, Sept-30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. Wagner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Dont know

Occupation, Homoepothic Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, University Hospital

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Unknown Heart disease
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

J. L. Powell

Place of Burial, W. P. Cemetery

Date of Burial, Oct 2d 1878

Residence Unknown *M. D.* Medical Attendant.

Undertaker, Fred'k A. Kuehnle

Place of Business, 50 S. Carroll St. *Address,* above

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BUEIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. H. Wm Hoffpauer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 13 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, 1 yr 10 mos 18 Days

Place of Death, { Give street and number } 190 West St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Germ Luthn in Druid Hill Pk

Date of Burial, October 1st 1878

A. L. Smith M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Address, 379 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 BALTIMORE

Date of Death, Sept 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A. Simms

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Educatt City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 219 S. Paca St

Cause of Death {First, (Primary,) Second, (Immediate,)} Child Bed fever

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial Oct 2nd 1878

Undertaker, J. B Cook

Place of Business, No 707 W. Baltimore Street

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27873,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

Date of Death, October 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmira Hodges

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 7 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 240 S. Bond Street

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,) .....

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, October 2d 1878

Undertaker, John L. Schutt

Place of Business, 205 Aliceanna St.

Wm. P. Dunn M. D.
Medical Attendant.

Address, 61 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st Oct. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Curzenous

Sex, Male or Female, {Cross out the word not required in this line.} Carpenman

Age, ~~38~~ *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Hay Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gudensberg (Germany)

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 357 N. Durham St.

Cause of Death, First (Primary,) Brain desease for years

Second (Immediate,) Paralysis (Apoplexy)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem. D. D. Heldmann M. D.

Medical Attendant.

Date of Burial, 2 Oct 1878

Undertaker, Geo Uchilling

Place of Business, /

Address 120 Saratoga St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

...this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh J Finegan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* _____ *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 102 Exeter

Cause of Death, First, (Primary,) _____ Second, (Immediate,) Congestive Chill

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Oct. 2, 1878

_____ M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 27876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dahle

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138½ Green 4th av.

Cause of Death, First (Primary,) Dyphtheria

Second (Immediate,) Croup

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt. S. T. Coyner M. D.

Date of Burial, Oct. 3th Medical Attendant.

Undertaker, E. C. Wiedefild

Place of Business, 90 Greenmount Av. Address 134 High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 2787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Luitat

~~Sex,~~ Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 24 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital Apoplexy

Cause of Death, {First (Primary,)

Second (Immediate,)}

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, October 2nd 1878

Abergy Chambers M.D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 27878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Rogers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ~ *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 20 Harrison St

Cause of Death, First (Primary,) Mitral insuf. & Fatty Heart

Second (Immediate,) Asthma & Bronchitis

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 2nd 1878

Christopher Johnston M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore, MD

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sat Sep 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Lowbaine (Pauper)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none living an invalid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 127 Raborg Street

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,) Oct, Exhaustion

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, October 2 1878

A Friedenwald M. D.
Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Totty

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 2 *Years,* 8 *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 145 Hanford ave

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 2d 1878

James A Steuart M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, S. Eutaw St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — John H. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Eastern Dec 6 Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Ball

Place of Death, {Give street and number.} 188 S Caroline

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Natural (probably Cholera Infantum)

Duration of Last Sickness, 1 week the latter the day of death

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, October 2d

Undertaker, Jacob Bucher

Place of Business, 22 Canton Ave.

Edmund Walker M. D.
Medical Attendant.

Address Comm In Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma May Emor.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 15 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 730 N Paca St

Cause of Death, First (Primary,) Dysentery.

Second (Immediate,) —

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2 nd 1878

Undertaker, I B Cook

Place of Business, No 707 W Baltimore street

W McRequelin M.D.

Medical Attendant.

Address, Mo Fayette & Carlton St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death. except in cases of births and deaths of illegitimate childreu.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora. Giles

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 9 *Months,* — *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} 30 Shuter. st

Cause of Death, First (Primary,) Cap. Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 1878

Undertaker, Chas R. Bandell

Place of Business, 278 N Amn St

W. B. O'Peirce M.D.
Medical Attendant.

Address, 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cecilia Clancy

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 33 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 101 N. Biddle St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Malarial fever - Typhoid form

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Near Cathedral Cem

Date of Burial, October 3rd

Undertaker, Chas. T. Sowers

Place of Business, 271 N. Eutaw St

Richard McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

Date of Death, Oct 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J Howell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Twenty six *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Woodyear St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, October 2nd

Undertaker, Chas T. Lenzen

Place of Business, 271 E. Eutaw St

Elias C Price Jun M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brendal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number} 110 E. Madison St

Cause of Death { First, (Primary,) Asthma with Cardiac Complications

Second, (Immediate,) .....

Duration of last Sickness, Recent illness, three days. Has been a confirmed Asthmatic for 7 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, October 3rd 1878

Undertaker, W. H. Hickman

Place of Business, No 234 East Balto

Wilson Bantz M. D.
Medical Attendant.

Address, 257 Gouvernor Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Bantum

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset County, Md.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 108 S. Washington Street

Cause of Death, First, (Primary,) Senile Apoplexia

Second, (Immediate,)

Duration of last Sickness, 1 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 5th

David J. Wilson M. D.
Medical Attendant.

Undertaker, John Lake

Place of Business, No 195 E Balto St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminta Downs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* four *Months,* ——— *Days.*

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 95 Hargrove Alley

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 2

{*Undertaker,* James Brackston / *Place of Business,* 20 Druidhill Ave}

T. F. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Ann Summers.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 16 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co. Md

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} 10 Shuter St.

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St bur

Date of Burial, Oct 3rd 1878

Undertaker, Theo J Locke

Place of Business, 56 Jefferson St

Wilmm Brinton M.D.

Medical Attendant.

Address, 25½ Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta M. Beckmeier

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* one *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 209 S. Chester St

Cause of Death First, (Primary,) Premature Birth (7 mos

Second, (Immediate,) asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Conrad

Date of Burial, Oct 3 1878

Undertaker, John C. Schultz

Place of Business, ———

James A Steuart M. D.

Address, County of Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth & Phil Smith Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 383 Hamburg St

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,) a few hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, Oct 2nd 1878

Undertaker, Phil I. Sill

Place of Business, ———

James H. Lemmon M. D.
Medical Attendant

Address, County of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — Insp. J. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Gordon

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 27 Cider Alley

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3 " 1878

James A Steuart M. D.
~~Health Commissioner~~

{*Undertaker,* John C. Gordon

Place of Business, Park Ave *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Inspect E. Wrinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Louise Reinbrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} S. E. Canton Avenue

Cause of Death, First (Primary,) Unknown - Intermittent, Malarial

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Several Days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, Oct 2nd

Undertaker, H. Froehlich

Place of Business, 746 Eastern Av

B. F. Leonard M. D.

Medical Attendant.

(For Dr J. E. Dwinelle, who is out of town.)

Address 261 Broadway E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, nnd the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holmes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, not known

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 13 Inlves alley

Cause of Death {First, (Primary,) Consumption / Second, (Immediate,)}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemety

Date of Burial, Oct 2 " 1878

Undertaker, F. A. Kerchner

Place of Business, 50. S. Conwell lies

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam F. A. Kerchner

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Maggie Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 105 Gaus Court

Cause of Death, {First (Primary,) Spasmus Asscendens

Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 2d 1878

Undertaker, Armstrong & Sons

Place of Business. 263 Light St

J. C. Buck M. D.
Medical Attendant.

Address 63 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A Turpin

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Expressman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Campbell Co Va

Duration of Residence in the City of Baltimore, 10 Days

Place of Death, { Give street and number } Mansion House Fayette & St Paul

Cause of Death { First, (Primary,) Prostatic tumour infiltration & structure
Second, (Immediate,) Septicaemia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Weldon N.C

Date of Burial, Oct 7 1878

T. A. Asbell M. D.
Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 46 N Gay St *Address,* 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1195

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Hamilton

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* 5 *Months,* 11 *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 28 Bolton St

Cause of Death { First, (Primary,) Heavy Cold, Mal Nutrition / Second, (Immediate,) Marasmus

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Oct. 3rd 1878

Undertaker, John C. Jordan

Place of Business, Park Ave

James H Chew M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman Asst

...Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Bartholoma.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Twenty Seven Years, ... Months, ... Days.

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty three years.

Place of Death, {Give street and number} 197 S. Bond st.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption.

Duration of last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, Flat st. Cemetery

Date of Burial, Oct. 3d

Undertaker, W. Tiffel

Place of Business, S. Bond st. 15

Nicholas L. Dalkeith, M. D.
Medical Attendant.

Address, 207. S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta A. Brewer

Sex, Male or Female, { Cross out the word not required in this line. } X

Age, Forty two *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Public School Teacher - E. High School

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Granby Street

Cause of Death, { First (Primary,) / Second (Immediate,) } Bright's disease

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loundon Park

Date of Burial, Oct 3d 78

Undertaker, Rev S Hughes

Place of Business, 60 E Baltst

Joseph C. Cockey M. D.
Medical Attendant.

Address No 2 - South Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elzie Tegeler

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 59 *Years,* 5 *Months,* 1 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hanover Prussia

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and number } 28 Abbott n.

Cause of Death { First, (Primary,) Hypertrophy of the Heart. Second, (Immediate.)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, 3 of Ocktober

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* S. W. Calvert & Read sts.

John F. Monnemann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

South of Liberty, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1 A.D.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thurlow Franklin Webb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Eden St - 117.

Cause of Death, First (Primary,) Bronchitis Catarrh

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Thos A Shu M.D.*

Date of Burial, October 3 d Medical Attendant.

Undertaker, H. Hurst *Address* 117 Eden St

Place of Business, No. 35 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Eutaw Court

Cause of Death, First (Primary,) Dranition

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4th 1878

Undertaker, Wm P Gray

Place of Business, 65 Mulberry St

E. F. Cordell M. D.
Medical Attendant.

Address 125 N. Charles.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia Tucker

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 31. *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Mulberry St.

Cause of Death, {First (Primary,) Cancer Judendal (Virginia)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Oct 4th 1878

Undertaker, P. Kummel

Place of Business, Foulbey St.

Louis L. Klein M.D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel David Cohen

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 142 Spring St

Cause of Death { First, (Primary,) Umbilical Hemorrage
Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, October 3th 1878

Undertaker, Wm N. Dunges

Place of Business, No 62 East St

H. L. Dunges M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee Beatty

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 9 *Years,* 1 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 13 South st.

Cause of Death, First, (Primary,) Chronic Croup.

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Oct 4 1878

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 27 N Broadway

P. L. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Gray / John Gray (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 65 N. Central Ave

Cause of Death {First, (Primary,)

{Second, (Immediate,) Convulsions

Duration of last Sickness, More or Less all it's life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 1878

Undertaker, N. M. Duncan

Place of Business, East St

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John L. Coulter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27907 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Fleischer

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 1 *Years,* 11 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1356 W. Pratt St.

Cause of Death, { First (Primary,) Second (Immediate,) } Enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel C.

Date of Burial, October 3d 1878.

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

Dr. L. Buddenhan M.D.
Medical Attendant.

Address, 166 S Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct: 3rd - 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Whitefort

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and number.} S. W. Cor. Charles & Chase sts.

Cause of Death, First (Primary,) Softening of Brain.

Second (Immediate,) Cerebral apoplexy

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery Govanstown

Date of Burial, Oct. 16 1878

Wm. Thomas M. D.
Medical Attendant.

Undertaker, Hy. W. Jenkins & Son

Place of Business, 16 Light St

Address S. W. Cor. Calvert & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Dawson Ifield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy Six *Years,* Six *Months,* Nineteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, over 50 years

Place of Death, {Give street and number.} 96 Mct Lenllch St

Cause of Death, {First (Primary,) Cancer of Breast

Second (Immediate,) " " "

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Oct. 6, 1878

{*Undertaker,* M. A. Dwyer

Place of Business, 74 S. Broadway

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Not named

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~~ *Years,* ~~~ *Months,* 6 hours *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 32 Vincent St

Cause of Death, { First, (Primary,) Obstructed Labor. Face Presentation managed by a woman midwife til Second, (Immediate,) half hour before birth

Duration of last Sickness, In Labor 18 hours died ½ hour

All the above information should be furnished by the Physician.

Place of Burial, 163 N. Lombard

Date of Burial, Museum

Undertaker, College of

Place of Business, Physs & Surg

Thomas Opie M. D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person [illegible] sooner, if requested so to do, under pen[illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* 7 *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sussex Co Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 348 Ramsay St

Cause of Death {First, (Primary,) Intemperance

{Second, (Immediate,) Ague & Fever

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 3d 1878

Undertaker, Wm A. Miller

Place of Business, 239 Hollins St

James Stevenson M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Hanley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 59 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, {Give street and number.} No 3 Lemon St —

Cause of Death, {First (Primary,) Asthma & Pulmonary Catarrh

Second (Immediate,)

Duration of Last Sickness, 2 or 3 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 6

{*Undertaker,* J B Cook

Place of Business, 707 W Balto St

Edw J. Milholland M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27913,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Blackiston

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 13 Stockton alley

Cause of Death { First, (Primary,) Second, (Immediate,) } Scrofula

Duration of last Sickness, all its Life three or less

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Oct 3rd 1878

Undertaker, F. A. Kerchner

Place of Business, 52 S. Carroll Mar't *Address,* Comm. of Health & Registrar

James A Steuart M. D.
~~Medical Attendant.~~

HEALTH DEPARTMENT OCT 3 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr Vansant - Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Deagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 28 O'Donnell St

Cause of Death, {First (Primary,) Pseudo membranous Croup

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cross Cemetery

Date of Burial, October 4th 1878

Undertaker, H. H. Gibmeyer

Place of Business, 1414 Eastern Ave

E. Dorsey Williams M. D.
Medical Attendant.

Address 17 Belvedere Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Adreon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 360 Pennsylvania Ave

Cause of Death, {First (Primary,) Cancer of Liver / Second (Immediate,)}

Duration of Last Sickness, one Year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 4 1878

Undertaker, C H Blizzard

Place of Business, 201 Penn

Chris. Fawcett M. D.
Medical Attendant.

Address 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Milk dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse, Germany

Duration of Residence in the City of Baltimore, 31 years in America

Place of Death, {Give street and number.} 135 N. Eden St.

Cause of Death, First (Primary,) Cerebral Softening (Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cem. John Morris M. D.

Date of Burial, October 4th 78 Medical Attendant.

Undertaker, Wm. Eilau *Address* No. 5 Franklin St.

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Hafs

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* ten *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto to 544 N Probst

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 544 N Probst

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions during life

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, October 7th 1878

D L Rees M.D.
Medical Attendant.

{*Undertaker,* G Leimbach
Place of Business, 389 W Balto St

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEPARTMENT OCT 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of Baltimore~~ House 8 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Spasms

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct. 4. 1878

Undertaker, Saml Brown

Place of Business, 152 Division St.

Anthony Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of [illegible] is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 27819

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 4 1878

Mahony Brewer M. D.
Medical Attendant.

Undertaker, Saml Bowen

Place of Business, 56 Division St

Address, 62 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3°

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 123 Hanover St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, October 3rd "

Undertaker, F. N. Troll

Place of Business. 131 Hanover St

Wm. Jenkins, M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Heath

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Thirty five *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 1502 Russell Street

Cause of Death, {First (Primary,) Abscess of the Antrum / Second (Immediate,) Trophy}

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Oct 4/78

{*Undertaker,* J. Davis / *Place of Business,* No 103 Lee st}

L. L. Byles M.D.

Medical Attendant.

Address, 144 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FALLS DEPARTMENT OCT 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie L Badger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Two *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 225 Plum ally

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Oct 4th 78

Undertaker, J. Davis

Place of Business, No 103 Lee. st

E. Michaux *M. D.*
Medical Attendant.

Address 68 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27923.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hillbu Harris.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County Md.

Duration of Residence in the City of Baltimore, about 20 years.

Place of Death, {Give street and number.} 128 Plum alley

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,) Consumption.

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 4th /78

Undertaker, J. Davis

Place of Business, No 103 Lee St

J. M. Hale M.D.
Medical Attendant.

Address, Balt. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Struth

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* *Days.*

Color, Wh

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 73 Portland.

Cause of Death {First, (Primary,) Burnt by coal oil.
Second, (Immediate,) lived 11 hrs.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 4th 1878

Undertaker, Phill L. Dill

Place of Business, Columbia Ave *Address,* 152 Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. L. Hewit

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 100 Chestnut St.

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Oct 4th 1878

Undertaker, Jno Hewit

Place of Business, 100 Chestnut St. *Address,* 137 Eager

Edward J. Windsor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolph Joseph Lutz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 62 Granby St

Cause of Death { First, (Primary,) Croup.

Second, (Immediate,) ~~1 day~~

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5th

Undertaker, H. Bain

Place of Business, 252 Aliceanna

J. Duncan M. D.
Medical Attendant.

Address, 7 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tolson

Sex, Male or Female, {Cross out the words not required in this line.} ~~Male~~ Female

Age, 72 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 152 West St

Cause of Death, {First (Primary.) Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, October 5th

Undertaker, Kreuder & Boss

Place of Business, 96 Conway St

J. V. Shulty *M. D.*
Medical Attendant.

Address, 260 South Eutaw St
Bal city

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Canox

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, Mk -

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, — Laborer -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City -

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 160 Johnson. St -

Cause of Death {First, (Primary,) Chronic Calculus Disease of Heart.
Second, (Immediate,) confined to the House about 3 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 4th 1878

Undertaker, Anthony Lynn

Place of Business, 263 Light St

R. J. N. Tate M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leath Thom

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, (Colored)

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 23 Mulliken St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 4th 1878

Undertaker, Wm N. Dunzel

Place of Business, No 62 East St

Saml F Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Edwin

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* 10 *Days.*

Color, Colrd *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 8 St Paul St

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry E Hall Ruth M. D.

Date of Burial, October 4th 1878 Medical Attendant.

Undertaker, Wm. N. Dunge *Address* 157 Aisquith St

Place of Business, 1662 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Dell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Fifty eight *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Fireman B.O.R.R.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 756 Hanover St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 4

{*Undertaker,* Jos. B. Cook

Place of Business, 707 W. Baltimore St

Gabriel Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonora Owens

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~Private Hospital~~ 42 Harford av

Cause of Death, First (Primary,) Pericarditis

Second (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem'y E Hall Rutledge M. D.

Medical Attendant.

Date of Burial, Oct 6th 1878

Undertaker, Wm. James Gray *Address* 151 Aisquith St

Place of Business, 15 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Habletzel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, House Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, { Give street and number } 249 S. Paca St.

Cause of Death, { First, (Primary,) Accidentally Burned

Second, (Immediate,) Burned

Duration of last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 4th

Undertaker, Henry Briele

Place of Business, Harriet St 81

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner 3 D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Smith.

Sex, Male or Female, {Cross out the words not required in this line.} f

Age, ... *Years,* ..... 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 512 N. Charles St.

Cause of Death, First (Primary,) Scrofula.

Second (Immediate,) Diarrhoea.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 4 '78

Undertaker, Charles F. Herold

Place of Business, 170 S Sharp St

J. B. Hubé, M.D.
Medical Attendant.

Address, Balt. Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida. Underwood.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 20 Randal St

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 6th 1878

Undertaker, Jas. L. Loane

Place of Business, 568 W. Balto St

J. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, witbin *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa F Asendorf

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 254 Mulberry St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Germin Lutheran Grindhill

Date of Burial, Oct 4th 1878

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St

S T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Merine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Three *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

~~Occupation,~~ —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 22 Patterson Park Ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) —

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cem

Date of Burial, Oct 4th 1878

Undertaker, H. Frances

Place of Business, 224 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Bertha Woolford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 10 Fort Allen near St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 4th 1878

Undertaker, M. M. Gilmore

Place of Business, 11 Eastern Ave

D. A. Colt M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THOS. J. C. DUBLEY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia L Cambell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York City

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} No 71 Scott st

Cause of Death, First (Primary,) Disease of the Brain

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Frederick

Date of Burial, Oct 5 78

J H Patterson *M. D.*
Medical Attendant.

Undertaker, Winstons & Lemmon

Place of Business, 263 Light st *Address* 23 Grant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~State of Maryland, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daul. G. Lurell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty Eight *Years,* ——— *Months,* Three (3) *Days.*

Color, White *Sex,* Married

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Black Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} No 91 E. Ramsey St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Convulsions

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Oct 5th

Jno D. Blake M. D.
Medical Attendant.

Undertaker, Jos. B. Cook *Address* 240 Scott St

Place of Business, 707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Jeremiah Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Jeu *Years,* nine *Months,* twenty five *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 Moores Alley

Cause of Death, {First (Primary,) Diabetes Insipidus

Second (Immediate,) Convulsions

Duration of Last Sickness, over eight Months

All the above information should be furnished by the Physician.

Place of Burial, Church yard Cemetery

Date of Burial, Oct 4 1878

Undertaker, S W Chase

Place of Business, 8 Hanover St

E L Price & Son *M. D.*
Medical Attendant.

Address 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Anna Mitchell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty Two *Years,* Nine *Months,* Twenty Six *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number} No. 280 E. Fayette St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Heart Disease

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 6th 1878

Undertaker, Smith & Denny

Place of Business, 263 Fayette St

Wm H Cudmore, M. D.
Medical Attendant.

Address, No 102 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Kenney

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 171 S. Wolf St

Cause of Death {First, (Primary,) Second, (Immediate,)} Diphtheria 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct 5th 1878

Undertaker, H. Frechtlich

Place of Business, Canton Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor Insp'r

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 15 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 329 Oolean St

Cause of Death, First, (Primary,) Morasmus,

Second, (Immediate,) Ex Lactation

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemty

Date of Burial, Oct 6th

G. G. Lusk M. D.
Medical Attendant.

Undertaker, J. Kerbich

Place of Business, 241 Eastern Av

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FIL

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Andrew Widows

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy (70) *Years,* Four *Months,* Nineteen (19) *Days.*

Color, White *Sex,* Widower

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Ark Del

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 50 Washington Ave

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 5

Jno D Blake *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda M Fr Hellon

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 20 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore, Fourteen year (14)

Place of Death, {Give street and number.} 1055 W Pratt St

Cause of Death, First (Primary,) Carbuncle

Second (Immediate,) ...

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lauderdale Park

Date of Burial, Oct 6

Undertaker, J Paulus

Place of Business, 66 Fredrick St

M McLaughlin M.D.
Medical Attendant.

Address, 1 N Fayette Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Oct 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Stitcher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 245 Biddle St.

Cause of Death, First (Primary,) Renal Dropsy

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Woken Cemetery

Date of Burial, Oct 5th 1878

J. Zepp M. D.
Medical Attendant.

Undertaker, Andrew Zeltz

Place of Business, 115 Druid Hill Address 93 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 224 Chew St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 6th/78

E J Way M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Tunnel *Address* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to Rule of Practice on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sullahan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin, Ireland

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number} 1 Randal St

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 5th 1878

D. O. Harrington M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 W Fayette St *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Newman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 7 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 552 Saratoga St

Duration of Residence in the City of Baltimore, 2 Months 2 days

Place of Death, {Give street and number.} 552 Saratoga St.

Cause of Death, First (Primary,)

Second (Immediate,) Meningites

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, 6 Oct.

Undertaker, Kimmett

Place of Business, No 317 Mulberry St

Alphonso A. White M. D.

Medical Attendant.

Address 125 Carollton Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th Oct. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wesley

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 Leadenhall St.

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard St

H. N. Metzler, M.D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

Date of Death, Oct. 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Levi

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, Twenty One *Years,* Eight *Months,* One *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 88 Plum Alley

Cause of Death, {First, (Primary,) Uraemia

Second, (Immediate,) Acute Bronchitis

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 6. 1878

Undertaker, S. W. Chase

Place of Business, 84 Howard St

J. T. Smith M. D.
Medical Attendant.

Address, 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F. Grayson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 yrs 5 Years, 5 in 6 Months, ——— Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 172 South W. P

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Convulsions Malignant

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 5th 1878

{*Undertaker,* J. B. Blackistone & Son

{*Place of Business,* 601 Balt St

Jno. D. Bland M. D.
Medical Attendant.

Address 172 South W. P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth . S. Gower

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 111 Cor Eager & Dorcas Streets

Cause of Death, First, (Primary,) Gastro Enteritis

Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 6th 1878

S. W. Brown M. D.
Medical Attendant.

Undertaker, Wm H Buchanan

Place of Business, 234 W Gay St. *Address,* Cor Eager & Dorcas Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Donnell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 714 Eutaw St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, on the 6 of October Theodore Lord M. D.

Medical Attendant.

Undertaker, Richard Goode

Place of Business, 29 Lexington *Address,* 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Egan

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Armistead Lane

Cause of Death, {First (Primary,) Meningitis (Tubercular)

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 6th 1878

{*Undertaker,* C.F. Krause

Place of Business, 209 Hanover st.

H. N. Webster M.D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Corfe

Sex, Male or Female, { cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 63 636 Light

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 7 1878

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light St *Address,* 176 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on Blanks for Burial Certificates.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Cassidy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} Greenmount ave & Monument

Cause of Death, First, (Primary,) Diphteritic Croup

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

F. E. Chatard M. D.
Medical Attendant.

Address, 114 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Monroe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 89 Prsdt. St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 6 1878

Undertaker, Wm S Hughes

Place of Business, 60 E Balto St

Geo. A. Kimmon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Knierim (Knierim)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 330 Canton Avenue

Cause of Death, {First (Primary,) Second (Immediate,)} Organic Disease of the Heart Anasarca

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct. 6th 1878

E. L. Williams M. D.
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann,

Address 17 Patapsco Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ Richard Montgomery

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~About Thirty Years~~ 38 Years, Eight Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Jailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, Nov 6 Years Ann St.

Place of Death, {Give street and number} St Paul St. City Prison.

Cause of Death, First, (Primary.) Drowning.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 6

Undertaker, H. Funk

Place of Business, 39 E Balto St

N. C. Dulaney M. D.
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Prospective attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5: 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa L. Clarke

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 136 Patterson Pk Ave

Cause of Death, { First, (Primary,) Causes of the Secretary

Second, (Immediate,) .....

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 7, 1878

Undertaker, H A Dager

Place of Business, 744 S. Broadway

James E Donnelle M. D.
Medical Attendant.

Address, 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret McDonnell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 51 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 132 S. Caroline St

Cause of Death, First, (Primary.) Cerebral Hemorrhage

Second, (Immediate,) ____

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, October 7, 1898

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

_____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T Barnes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 363 Columbia Ave.

Cause of Death { First, (Primary,) Second, (Immediate,) } Hip joint disease 4 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 7th 1878

Geo C Gale M. D.
Medical Attendant.

Undertaker, G. Jenkins Sons

Place of Business, 59 N. Howard *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelmenia Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years~~, 4 1/4 Months, Days.

Color, Black *Sex,* Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 3 1/2 months

Place of Death, { Give street and number. } 38 Rose st.

Cause of Death, { First (Primary,) Mal-Nutrition. Grandma

Second (Immediate,)

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Oct 6th 1878

{ *Undertaker,* Chas. T. Scriven

{ *Place of Business,* 271 N Eutaw st

C. F. Bryan M. D.
Medical Attendant.

Address 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belgium

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 71 Hughes St.

Cause of Death, First, (Primary,) Stab in the right breast

Second, (Immediate,) Pleuro-pneumonia & Hemorrhage of blood into the right pleural cavity

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 7 1878

Undertaker, C. F. Strause

Place of Business, 269 Hanover

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner 3, D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct ~~Sept~~ 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Nisler

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Bristol (England)

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} Home for the aged Corner John and Valley Sts

Cause of Death, {First (Primary,) Consomption / Second (Immediate,)}

Duration of Last Sickness, a few months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross & St Patrick's Cemetery

Date of Burial, Sept 7th 1878

{*Undertaker,* Henry Schultheis / *Place of Business,*} *Address* 167 E Lager St

Jno Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marshall Lynn

Sex, ~~Male~~ Female {Cross out the word not required in this line.}

Age, Forty *Years,* — *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — — — not Known

Duration of Residence in the City of Baltimore, — — — " " "

Place of Death, {Give street and number.} No. 183 Vine st.

Cause of Death, {First (Primary,) Dissipation
Second (Immediate,) Softening of the Brain.
Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 1878

Undertaker, L. Davis

Place of Business,

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Letters below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 7 1897
BALTIMORE
MD

CERTIFICATE OF DEATH.

Date of Death, October 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norman McNeille

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* One *Months,* 11 —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 424 S. Caroline st

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate,) ——

Duration of last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Northeast Cecil Co. Md

Date of Burial, October 7th 1897.

L C Winternitz M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit - 1197

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 7 1878

CERTIFICATE OF DEATH.

Date of Death, Oct. 6, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Emory Whiteford

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~Years,~~ 1 *Month,* 15 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} S. Woodyear 21

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Woodyear ct

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) Spasms, One Day,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct 7th 1878

Undertaker, S. M. Leonard Son

Place of Business, 182 W. Baltimore St

John Hood M.D.
Medical Attendant.

Address, 2 North Carey St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Richardson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 12 McElderry St Court.

Cause of Death { First, (Primary,) Croup
Second, (Immediate,) ——

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 9.

Undertaker, Thomas J. Hyer

Place of Business, 24 Green St.

D. Glenn M. D.
Medical Attendant.

Address, 137 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ruff

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 1 N. Wallace St.

Cause of Death First, (Primary,) Heart-Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cem.

Date of Burial, Oct 7th 1878

Undertaker, John Brown

Place of Business, Wolf St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Kesler

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Brick-layer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Co.

Duration of Residence in the City of Baltimore, 26 Yrs.

Place of Death, {Give street and number.} 46 N. Stricker

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7

Undertaker, I P Paulus

Place of Business, 66 Fridurick St

J. G. Luithicum M.D.
Medical Attendant.

Address, #584 W Hayette St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Limperts

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 8 Years, 8 Months, 18 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 295 Cantou ave

Cause of Death, First, (Primary,) (Brights Disease)

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'ty

Date of Burial, Oct 8th

Undertaker, H. Frochlich

Place of Business, 246 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Cowell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number} 58 Greenmount Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Atrophy of the brain.

Duration of last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 8th 78

Undertaker, Geo Schilling

Place of Business, Ashland Square

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Booth

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 11 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} At Elbow Lane

Duration of Residence in the City of Baltimore, 2 years 7 mos

Place of Death, {Give street and number} 101 Arch St.

Cause of Death First, (Primary,) Convulsions Bronchitis.

Second, (Immediate,)

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

D. L. Duvall, M. D.
Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1878

Undertaker, S. W. Shaw

Place of Business, Harwood St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Wilson

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, one — *Years,* *Months,* *Days.*

Color, Negro.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~Baby~~, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 9 Dorsey alley

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, {Give street and number} No 9 Dorsey alley

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,)

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 7 1878

Undertaker, J. W. Shaw

Place of Business, 1 Howard St *Address,*

G. L. Powell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George R. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One (1) *Years,* (3) Three *Months,* Fifteen (15) *Days.*

Color, White *Sex,* /

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City — Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 116 St Peter St

Cause of Death, { First (Primary,) Inflamation Croup
Second (Immediate,)

Duration of Last Sickness, Eight Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem *Jno D Blake* *M. D.*
Medical Attendant.

Date of Burial, Oct 8th 1878

Undertaker, Wm J. Tickner *Address* 140 South

Place of Business, 65 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 5th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Campbell

Sex, ~~Male or Female,~~ { cross out the word not required in this line. } Female

Age, Thirty — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 2 Hall's Alley

Cause of Death, { First, (Primary,) Intemperance

Second, (Immediate,) 5 days —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, October 6

Undertaker, Patrick Mullin

Place of Business,

D C Ireland M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sturst

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty three *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 340 Alice Anne St.

Cause of Death, First, (Primary,) Intemperance & Exposure

Second, (Immediate,) —

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery

Date of Burial, October 6

D. C. Leland, M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, —

Address, Corner E. Fells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct - 5 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Eggleston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liverpool, England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Strecker St. W.

Cause of Death, First (Primary,) Phthisis & Chl. Dysentery

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, October 7th 1878

J. Edwin Michael M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St Address 246 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Dwight

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 186 S. Chapel Street

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, Octber 1 4 P.M.

Undertaker, Jno Brown

Place of Business, 20 S. Wolfe St

J. H. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Stanley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } N E Cor Eutaw & Pratt Sts

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,) & Exhaustion

Duration of last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 7th 1878

Undertaker, Ida J Locke

Place of Business, 56 Jefferson

G. A. Whitelow M. D.
Medical Attendant.

Address, 1 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wallis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, (colored)

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 89 Orleans St

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Oct 7th 1878

Undertaker, Theo J Lockl

Place of Business, 67 Jefferson

Samil Powell M. D.
Medical Attendant.

Address, 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Tagg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Four or Five Months

Place of Death, {Give street and number.} Jefferson St Extended

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate.)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Penn. Harford road

Date of Burial, Oct. 8th 78

H. E. Tooke *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 5 th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mathias Stein

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 4 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 6 N. Amity St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, October 8th

Undertaker, Wendelin Diffee

Place of Business, S. Bond st 131

P. J. Daniels M. D.
Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Smith,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 92 E. Pratt St

Cause of Death, {First (Primary,) Intestinal Obstruction,

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 9 1878

Undertaker, James A Byrne

Place of Business, No 63 N Front St

L H Hinck M.D.
Medical Attendant.

Address, 92 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 6 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lee

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 75 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Property Owner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 127 Park Avenue

Cause of Death, First (Primary,) Prostatic Disease - Chronic Cystitis

Second (Immediate,) General Debility

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 8th 1878

Undertaker, Joseph F Byrne

Place of Business, 53 n Liberty *Address* 189 N Howard St

Richard Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Iofant not named, give names of parents.} Mary Virginia Easterfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 357 E Fayette st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Octr 9 1878

Undertaker, Henry Heck

Place of Business, 31 N. Caroline

John H Conner M. D.
Medical Attendant.

Address 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hall Jun

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* *Days.*

Color, Mal *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Presstman St (Old No 3 Road)

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St

Date of Burial, Oct. 8. 1878

Undertaker, John G Jordon

Place of Business, 63 Park Ave

William Chamber M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 11 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Biddle & Fenwick Sts

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion & Lungs

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 8. 1878

Undertaker, John C Jordon

Place of Business, 63 Park Ave

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Calen Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} No 146 Pierce St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H S Bowie M. D.

Medical Attendant.

Date of Burial,

Undertaker, J J Chalmers

Place of Business, 33 Penna Av *Address* 9 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27993,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dreyelle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 15 Days

Place of Death, {Give street and number} 9 Patterson Ave

Cause of Death, First, (Primary,) Convulsions Probably Phalic

Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 8th

Undertaker, McDonough

Place of Business, 319 Penna Ave

D. Schnitker M. D.
Medical Attendant.

Address, 431 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Mingo

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, ell

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 16 Druid Hill Av

Cause of Death, First, (Primary.) Fibroid Tumor of Uterus

Second, (Immediate.) " " "

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ford Grove

Date of Burial, Oct 9th 1878

Undertaker, John T. Andrew

Place of Business, 1064 Druid Hill Av

B. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

No. 27995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie R Adams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 8 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 32 E Fayette St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 9th 1878 Sheridan Cor L M. D.

Medical Attendant.

Undertaker, Kenton & Denny

Place of Business, 263 Light St *Address,* 126 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ridgely Tilden

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, (1) one Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, (3) three Months

All the above information should be furnished by the Physician.

Place of Burial, C & C Cemetery

Date of Burial, October 7

Undertaker, Patrick Mullin

Place of Business,

J. H. Grimes M. D.
Medical Attendant.

Address, Co Maryland

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Henry Smith.

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 6 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dinwiddie Co., Va.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 68 Harrison Al.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 8th 1878

Undertaker, Wm H Bishop Jr.

Place of Business, 9th & Druid Hill Ave.

Chas. W. Tuck M. D.
Medical Attendant.

Address 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McKew Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 27 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 South Exeter St

Cause of Death, First (Primary,) Enteric colitis

Second (Immediate,) Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's C.

Date of Burial, Oct 8, 1878

Undertaker, Thos J Hughes

Place of Business, 6 & E Balto St

J. D. Whilton M. D.
Medical Attendant.

Address 195 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lessel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 73 *Years,* 8 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 365 E. Lombard

Cause of Death, First, (Primary,)

Second, (Immediate,) old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

D. L. Dawson M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1878 — 12 30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Snyder

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 115 S. Washington St

Cause of Death, First, (Primary.)

Second, (Immediate,) A. Phthisis

Duration of last Sickness, During Life

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 9th

Undertaker, Henry Sander

Place of Business, 252 Lexington St

Abrahamsen M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] and date [illegible]th, except in cases of births and deaths of illegitimate children.

[illegible] S. DURANT & CO. CITY [illegible]

No. 28001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial Oct 10 1878

Undertaker, Saml Bowser

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Margaret Burke

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Twenty Two *Years,* Five *Months,* Eleven *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Sandhurst Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} 297 Canton avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Oct 9th

Nicholas L. Sabine M. D.
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av *Address,* 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith I. Bush

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* One *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 503 [illegible] W. Balto

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions

Duration of last Sickness, 48 (2) days

All the above information should be furnished by the Physician.

Place of Burial, W. Lafayette Cem

Date of Burial, October 9 1878

Undertaker, Hendekin Dupple

Place of Business, 151 Bond St

G. L. Whiting M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 28004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8/78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Ward

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Spring Garden Stables

Cause of Death { First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Oct 9th 1878

D Gilmer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, 100 Hanover Lib *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Powell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* *Days.*

Color, Col[illegible] *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and number.} 62 Wayne St

Cause of Death, {First (Primary,) Phthisis Pneu

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shap St

Date of Burial, Octber 9

Undertaker, Hercules Ross

Place of Business, 96 Conway St *Address* 53 South Sharp st

W. Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Sims

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 19 92 Saunders

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, ... J G Wanbaugh M.D.

Medical Attendant.

Undertaker, G. Bayer 453 W. Balt

Place of Business, 453 N. Balto St *Address,* 2034 Saunders

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily C Jackson

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 N Eutaw

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 10 1878

Undertaker, Hackistown

Place of Business, 606 W Baltimore

J W Keller, M. D.
Medical Attendant.

Address, 1712 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angela Byrnes

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} E Thompson St

Cause of Death, First, (Primary.)

Second, (Immediate,) Dentition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 9 1878

A Leyo Shertzer M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address,* 11 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28009.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Crooks Millspaugh

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 1 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 5 Wordyear St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Wordyear St.

Cause of Death, {First (Primary,) Inanition

Second (Immediate,) .....}

Duration of Last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct 10th 1878

{*Undertaker,* S. H. Leonard & Son

Place of Business, 782 W. Baltimore st

John Hood M. D.
Medical Attendant.

Address. 2 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C Francke

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker was engaged in the business

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 155 W Biddle St

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Nephritis & Cystitis

Duration of Last Sickness, Ill about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comm.

Date of Burial, Oct 10th 1878

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw St

W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lee

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, 10 years about

Place of Death, {Give street and number} 40 Hill St. in rear

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,) 4 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Oct 9th 1878

James A Steuart M. D.
Medical Attendant

Undertaker, H. A. Kershaner

Place of Business, 50 S. Eutaw

Address, Comm of Health
H Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Beverly Diggs Dr

OVER

The Sp

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Octo 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Habler

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 63 *Years,* ~ *Months,* ~ *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 To 20 years

Place of Death, {Give street and number.} No 435 E Chase st

Cause of Death, {First (Primary,) Softening Brain

Second (Immediate,) following by prostration

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 10th 1878

Undertaker, Chas Keech

Place of Business, 309 N. Eutaw st

J. Ridgway André M.D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elmt.

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 27 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmon County Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 107 Chestnut Alley

Cause of Death, First (Primary,) "

Second (Immediate,) Consumption

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, Oct 10 1878

Undertaker, S W Chase

Place of Business, [redacted] *Address*

E. A. Smith *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Dunmore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 4 *Months,* 1 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 6 yrs. 4 mos. 1 day.

Place of Death, {Give street and number.} 1 Bolton St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9/878

Undertaker, S. W. Chase

Place of Business, 8 Howard St

W. E. Mosley M. D.
Medical Attendant.

Address 136 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Edward Rush.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* " *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 146 E. Madison St.

Cause of Death, First (Primary,) Carnt

Second (Immediate,) Scarlatina -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 10 Oct 3 Oclock

E. Brown M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hofer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 *Years,* 3 *Months,* 20 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No 9 Second Street

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) General Cachexia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetery.

Date of Burial, Oct. 10th 1878.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

Henry Taber M.D.
Medical Attendant.

Address, 160 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wright

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 27 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 29 S. Duncan St.

Cause of Death, First, (Primary,) Marasmus,

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Few months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Oct 9th 1878

G. G. Look M. D.
Medical Attendant.

Undertaker, Thos J. Forbes

Place of Business, 43 Jefferson St *Address,* Back & Mark sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bayne

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 Cross St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, Oct 11th "

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Byles

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 90 Columbia st

Cause of Death {First, (Primary,) Cardiac Asthenia

Second, (Immediate,)

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Lot

Date of Burial, Octr 10th 1878

Undertaker, John S Thacher

Place of Business, Park & Fayett, *Address,* 76 S Paca St

J. H. Kinney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Rowe

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Sixty-five *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hereford Balto Co

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 607 N Gay St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Oct. 10, 1878

Undertaker, M A Darger

Place of Business, 74 S Broadway

D E Rowe *M.D.*
Medical Attendant.

Address, 87 Marbury St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cadden

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, Oct 10 1878

Undertaker, Geo. A. Lahmann

Place of Business, 101 Eutaw

Mathew Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara D Nelson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 223 Forest St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, ill for 3 months

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetary

Date of Burial, Oct 10th 1878

Undertaker, Wm H Hickman

Place of Business, 1028 W Jay

J Ridgway Andre M.D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Sullivan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 235 W. Biddle St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 10th 1878

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St

Lewis Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theo. Frank. Clendel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Married

Occupation, Baker —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 40 Years —

Place of Death, {Give street and number.} No 1 Baker St.

Cause of Death, {First (Primary,) Chronic Diarrhea —
Second (Immediate,) Three weeks —

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 10th October 1878

Undertaker, Chas. H. Armer

Place of Business, 129 N. Liberty St.

Edward H. Vise M. D.
Medical Attendant.

Address Cor Gilmor & Lexington Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Holmes

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md Whole life

Duration of Residence in the City of Baltimore, 232 Constitution St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 11th 1878

Undertaker, George Schilling

Place of Business, Cor. Monument & Aisquith Sts

Silas H Hunter M.D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 S. Perry St.

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11 1878

Undertaker, L. W. Emack

Place of Business, 8 Howard St *Address* 89 N. Greene St

J. G. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Emma Greiner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number.} 174 Pearl St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption.

Duration of Last Sickness, Five years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Edward R. Ward. M. D.

Medical Attendant.

Date of Burial, October 11th 1878

Undertaker, Peter Kummeto

Place of Business, 317 Treadley St *Address* 242 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johns Clarence Melcher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 285 E. Madison St

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetry

Date of Burial, Oct 10 1878

Undertaker, C. Eckhart

Place of Business, 169 Eastern Ave *Address,* Broadway & Madison Sts

Jno. G. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28029,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sambinger

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 44 *Years,* 1 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt Co Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 210 Greenmount Ave

Cause of Death, {First (Primary,) Cancer of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 11th/78

Undertaker, Geo Schilling

Place of Business,

Wm Whilridge M.D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28030.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Young (Mother)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.* Minutes

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Lauer's alley 3rd door from Charles St

Cause of Death { First, (Primary,) Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 10th 1878

Undertaker, F. A. Kershner

Place of Business, Carroll Av

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos. Vansant Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

Date of Death, Oct 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Burns

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* Twenty *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Mulatto

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 179 York Street

Cause of Death, First (Primary,) Tubes Mesenterica

Second (Immediate,) Cerebral et Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 10th 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

L. L. Dyer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28032,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson - Mother

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 hour *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 260 McDonogh St

Cause of Death { First, (Primary,) / Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Oct 10th 1878

Undertaker, The. J. Lecko

Place of Business, Jefferson St

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Inspect J. H. Coulter

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dottis Fisher.

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 18 mos.

Place of Death, {Give street and number.} 315. N. Durham. St

Cause of Death, {First (Primary,) C. Bronchitis

{Second (Immediate,) Asphyxia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lowell Hill Cemetery

Date of Burial, Oct 11th

{*Undertaker,* Charles White

{*Place of Business,* 35 Granby St

W. B. O'Reilly M.D.
Medical Attendant.

Address, 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Billick

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 51 *Years,* —— *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} —— Granby St

Cause of Death {First, (Primary,) Bilious Colic

{Second, (Immediate,) ———

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, in the Burying Ground of the German Reform Congregation

Date of Burial, Oct 11th

Undertaker, Henry Bein

Place of Business, 250 Aliceanna St

Abram Bennett M. D.
Medical Attendant.

Address, 7 do do Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Theodore Freiman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* .. *Months,* .. *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oysterman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number.} Portugal Alley & Fawn Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion,

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Burying Ground *Dr. E. M. Schmitt* M. D.

Medical Attendant.

Date of Burial, Oct 11th

Undertaker, Henry Dein *Address* No. [illegible]

Place of Business, 252 Alice Ann Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest August Ellerman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Seven *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Divine life

Place of Death, {Give street and number} Castle St near Monument St

Cause of Death, First, (Primary.) Meningitis acute

Second, (Immediate.) Inflamation of the brain

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11th 1878

Undertaker, H. Thayer

Place of Business, Boulevard St

Whittont Taylor M. D.
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Wolfsperger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 302 Carlton Ave

Cause of Death {First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 12 1878

Undertaker, Mc. France

Place of Business, Carlton Ave *Address,* Comm of Health

James H Clemens M. D.
~~Medical Attendant.~~
Regular

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Taylor Asst

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 28038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Otto

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 225 E Balto

Cause of Death, First, (Primary,) Pthisis

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12 1878

Gordon Cutler M. D.
Medical Attendant.

Undertaker, B Keidel

Place of Business, Light St *Address,* 46 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 28039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hendry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemty

Date of Burial, 11th Oct 1878

Undertaker, Hy W Denkinson

Place of Business, 16 Light St *Address* Waverly Terrace

Geo H Lyon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 28040 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Smith.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 98 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Mercer County N. J.

Duration of Residence in the City of Baltimore, 73 years.

Place of Death, {Give street and number.} 60 N. Eutaw St.

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,)} 7 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12th 1878

Undertaker, Thos L Murphy

Place of Business, 60 E Balto

Jno. F. Powell, M. D. Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28041

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reynard Houston

Sex, Male or Female, {Cross out the word not required in this line.} Male Resident

Age, ... *Years,* ..... *Months,* 7/4 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md " Howard "

Duration of Residence in the City of Baltimore, 4 hrs

Place of Death, {Give street and number.} 362 N Howard St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 10 Oct 1878

Undertaker, L Hargay

Place of Business, 962 Eden St

J H Pullman M. D.
Medical Attendant.

Address 20 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoerst

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, Fifty — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, Peddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Eastern Station House

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. L. Cemetery

Date of Burial, October 10

Undertaker, Patrick A. Mullin

Place of Business,

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28043

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Roerven

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Carmon Ireland

Duration of Residence in the City of Baltimore, a few years

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Corner John and Valley Sts

Cause of Death, {First (Primary,) ..... Second (Immediate,) Consomption

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Cimetery of St Patrick

Date of Burial, Oct 12 1878

{*Undertaker,* Lashey & Byrne
Place of Business, No 63 n Front St} *Address*

J Brooke Bo, C M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28044

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Joice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Beagh. County Galway. Ireland

Duration of Residence in the City of Baltimore. Thirty Years

Place of Death, {Give street and number.} No 17. S. Front st

Cause of Death, First (Primary,) Ossification. Valves of Heart

Second (Immediate.)

Duration of Last Sickness, Five Weeks,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 13 1878

Undertaker, James P Byrne

Place of Business, No 63 Front St

A. P. P. Yeates M. D.
Medical Attendant.

Address 132. N. Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 28045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. C. Stiehl

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 246 Schley

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 11th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Hinton Cook M. D.
Medical Attendant.

Address, 106 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 28046 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lorn

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 51. *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 21. Years

Place of Death, {Give street and number.} N. 98. E. Lombard St Baltimore

Cause of Death, First (Primary,) Icterus niger

Second (Immediate,) Ulcer Stomach

Duration of Last Sickness, 40. Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13 October.

Undertaker, John Hennig.

Place of Business, 386 Eutaw St.

Geo H. Pl Sanette M. D.
Medical Attendant.

Address N. 88 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STAT[illegible]

Permit No. 28047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Patzel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 14 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 24 N. Eutaw St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Oct. 11

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt St *Address,*

Abram B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 28048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melinda Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Parish Alley near Mulberry St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Colored Cemetery, Catonsville

Date of Burial, Oct 11th 1878

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

James Butler M. D.
Medical Attendant.

Address Cor. Pratt and Mount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 28049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brake

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Abbott St

Cause of Death { First, (Primary,)
Second, (Immediate,) Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 12 1878

Undertaker, Adam Fink

Place of Business, Gay St

James A Lemmon M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Exam by J. H. Coulter Inspect

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 28050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Freeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 17 *Months,* 13 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 134 S. Bond

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, October 13 1878

R. N. Mansfield M. D.
Medical Attendant.

Undertaker, H C Watchman

Place of Business, 172 S Bond St

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 28051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Permelia Augusta Daiger

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 42 *Years,* 11 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 74 South Broadway

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Thirty six hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct. 12. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on

Board of Health, City of Baltimor

Permit No. 28052.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

Date of Death, Feb 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cain

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 S. Castle

Cause of Death {First, (Primary,) Chronic Bronchitis
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct. 12, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

John F. Scarmouce M. D.
Medical Attendant.

Address, S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No: 28055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hewlstack

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 30 S. Charles

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran Cemetery

Date of Burial, Oct 12th

G. A. Lusk M. D.
Medical Attendant.

Undertaker, Ambrose Kochler

Place of Business, 244 East Lombard *Address,* Balt & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 28052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mate C. Sorenson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chicago Ill

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} 91 North St

Cause of Death First, (Primary.) whooping Cough

Second, (Immediate,) Exhibition

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cem

Date of Burial, Oct 12th 1878

John A Steuart M. D.
Medical Attendant

Undertaker, C. Eckhart

Place of Business, 269 Canton Ave *Address,* Comm of Health to Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John H. Coulter

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Roth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Schwersenberg Germany

Duration of Residence in the City of Baltimore, 30 Year

Place of Death, {Give street and number} 16 Frederick Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sun 13 Oct 78

First Entries ... M. D.
Medical Attendant.

Undertaker, J. P. Poulson

Place of Business, 66 Frederick *Address,* 652 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Kane

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 287 Cross St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place ... [redacted]

Date o... Oct. 12, 78

(Unde...aker, [redacted] Kane

...e of Business, [redacted] *Address,* 161 S. Sharp St.

L. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Shipley

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 8 *Years,* 3 *Months,* *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 196 Church St

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 13th 1878

Undertaker, Eliz Shipley

Place of Business, 196 Church St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannes Kalb.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Existence

Place of Death, {Give street and number.} S. Durham Street No 150

Cause of Death, First (Primary,) Dentitio

Second (Immediate,) Convulsiones

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, October 12

Undertaker, Wegndelin Dippel

Place of Business, S. Bond st. 161

William Henkel M.D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Addison Swift

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Male

Age, Sixty five Years, — Months, — Days.

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 169 South Washington St.

Cause of Death, {First, (Primary.) Second, (Immediate,)} Heart disease.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, First Methodist Cem. P. Re.

Date of Burial, October 13

D. C. Ireland. M. D.
Medical Attendant.

Undertaker, W. Diffet

Place of Business, S. Bond S. 151

Address, Coroner E Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wm Handy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 29 *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 28 Gelsons Court - Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 28 Gelsons Court

Cause of Death, First (Primary,) Marasmus Infant.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetry

Date of Burial, Oct 12 1878

Robert H. Mifflin M. D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, Carrollton Av *Address* No 25 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Helmuth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hospital -

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Athensus Cem. Chas. W. Tuckey M. D.

Date of Burial, Oct. 13th '78 Medical Attendant.

Undertaker, No. Frame. *Address* 128 South

Place of Business, No. 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Hennessy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 30 *Years,* 11 *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and number } No 262 Aliceanna St

Cause of Death { First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 78

Undertaker, W. W. Madden

Place of Business, 935 E. Monument

Wm. L. Barnett *M. D.*
Medical Attendant.

Address, Broadway & Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28063,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 11 - 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Martinsburg, Va.

Duration of Residence in the City of Baltimore, 30 years -

Place of Death, {Give street and number.} 85 George St -

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Asthma -

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 13th 78.

Undertaker, Wm. Strobeck Jr.

Place of Business, # 99 Druid Hill Ave

John F. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Octo 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Crowley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 360 N Durham St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Healy Grove Geo Reynolds *M. D.*

Date of Burial, Oct 13th 1878 Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Front St *Address* # 3 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Convey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Wh.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 356 S. Charles St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) about 8 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cem.

Date of Burial, Oct 13th 1878

Undertaker, Jos F. Byrne

Place of Business, 59 & 61 Liberty St *Address,* 132 E. Pratt St.

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Tauba Rose

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 34 S. Sharp St

Cause of Death { First, (Primary,) Paralysis / Second, (Immediate,) ///

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, October 14th 98

Thos B Arnold M. D.
Medical Attendant.

Undertaker, Wm Silan

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Oct. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Boyd Hale

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 11 Lemmon Alley

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,) 8 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Octob 13th 1878

Undertaker, Wm. N. Dunger

Place of Business, No 10 Stockton Alley

J. Dimmick Morris M. D.
Medical Attendant.

Address, N. W. Cor. Eutaw & Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octb 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Breeckhoff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 294 Hanover St. 2nd door from Montgomery

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 13th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover.

H. Albers M.D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...cian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...ne can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...d date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Strawbridge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Town Road, Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Arlington

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 14th

Undertaker, John Hennig.

Place of Business, 386 Orleans St.

Wm. H. Stump M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 13 1878

CERTIFICATE OF DEATH.

Date of Death, Octo 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Downey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... Years, ... Months, 6 Weeks ~~Days.~~

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor. Monument & Bush streets

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) 6 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Octo 13th 1878

{ Undertaker, J. P. Byrne
{ Place of Business, Front St.

Thos. A. Glenn, M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Joseph Tansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 28071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Kraly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 361 Hollins st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 361 Hollins st

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, 361 Hollins Eastern Cemetary P. V. Benson *M. D.*
Medical Attendant.

Date of Burial,

Undertaker, John Pantzer

Place of Business, Frederick Road *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Ed. Kenny

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 65 E. Madison

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) asthenia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 13d 1878

Undertaker, Geo. C. Rodenmyer

Place of Business, 38 Eutaw St.

F. Eberhard Jr. M. D.
Medical Attendant.

Address, 114 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12/78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Agnes "

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number} 47 Forest st.

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, oct 14 1878

Undertaker, Wm. N. Dungee

Place of Business, No 62 East st

Edward McDevitt M. D.
Medical Attendant.

Address, 137 E. Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 415 E. Chase St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) " "

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th 1878

A. G. Watson M. D.
Medical Attendant.

Undertaker, Peter F. Hamer

Place of Business, 422 & 424 Fayette St.

Address 447 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert G. Lee

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 15 *Years,* 8 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penn Co Pa raised

Duration of Residence in the City of Baltimore, about 13 yrs

Place of Death, { Give street and number } 141 Hill St

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Inflamed in the Heart Chronic Short

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 14th

Undertaker, Hercules Ross

Place of Business, 96 Conway St

... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 28076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Marion Landers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, { Give street and number. } 613 W. Baltimore St

Cause of Death, { First (Primary,) Acute Diarrhoea

Second (Immediate,)

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 17

Undertaker, J. H. Weaver

Place of Business, Baltimore

W. H. Grimm *M. D.*
Medical Attendant.

Address 1 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 2807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo: 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Kirkland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fifty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 604 west Baltimore Street

Cause of Death, {First (Primary,) Apoplexy. Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Ce

Date of Burial, Oct 14th 1878

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St *Address* 306 Mosher Ave

A. T. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Nippard

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Eleven *Months,* Twenty-four *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 356. N. Durham St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Tubercular Meningitis.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10/14 1878

Geo. F. Taylor M. D.
Medical Attendant.

Undertaker, Henry Stout

Place of Business, 209 Central Ave

Address, #210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28079

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Rumbbutt (Father)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ..

Occupation, ..

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} N. 302 N Bond c

Duration of Residence in the City of Baltimore, 4 days.

Place of Death, {Give street and number.} N. 302 N. Bond

Cause of Death, {First (Primary,) / Second (Immediate,)} cancer.

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 14 Oct 78

Undertaker, S Horgan

Place of Business, 96 S Eden St

J F Cutter M. D.
Medical Attendant.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Month 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Spear

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 70 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Her Life

Place of Death, {Give street and number} 70 Mc Cullough St.

Cause of Death, First, (Primary,) Gastric-Enteric Fever

Second, (Immediate,) ____

Duration of last Sickness, Three Months (3 months)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th Oct. 1878

Dr. Riley M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Kennedy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 65 E Madison

Cause of Death, First, (Primary,) Cancer & Premature Birth (Breast-

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial,

F E Chatard M. D.
Medical Attendant.

Undertaker, Jas P. Byrnes

Place of Business,

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28082

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Linz

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 16 Cookman st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Annex

Date of Burial, October 14th

Undertaker, C. T. Miller

Place of Business, 86 N. Paca St

J. G. Blunt M.D.

Medical Attendant.

Address, 203 Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28083

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Oct 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William D. O'Malley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 4 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1/2 W. Lee. Pine a. Saratoga st.

Cause of Death, { First (Primary,) Angina pneumonia (Phlegmon) / Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, October 14th

W. H. Newman M. D.
Medical Attendant.

Undertaker, Matthew Cartozian

Place of Business, 230 Wilkins Address 120 Isaac St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 28084

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Gaston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 58 Richmond St

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 14 1878

Undertaker, L S H Chase

Place of Business, No 198 Howard St

M. D.
Medical Attendant.

Address Dr F. Jenkins
No 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 28085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Frederick Bruning

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 3 *Years,* 3 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 22 Walker st

Cause of Death, First, (Primary,) Chronic Convulsions.

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dalli County

Date of Burial, Oct 13 1878

Undertaker, J. Koenig

Place of Business, 77 Orleans

P. G. Dausch, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully called to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebacca Wolf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cor Bael & Fedk

Cause of Death { First, (Primary,) Erysipelas
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Oct 14th 78

Undertaker, M. Goldsmith

Place of Business,

Ishan D Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28087.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James [illegible] Betty Duncan / Robt. Duncan & Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* One hour ~~One hour~~ *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Robert Duncan~~ Betty Duncan

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 27 Whatcoat st [illegible]

Duration of Residence in the City of Baltimore, 1/2 hour

Place of Death, {Give street and number.} No 27 Whatcoat st [illegible]

Cause of Death, First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, oct 14 1878

Jas. L. Fullen. *M. D.*
Medical Attendant.

Undertaker, Wm N Dungle

Place of Business, No 62 East st *Address* No 134 Pearl st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 28088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane A. Hanson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68. *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 418 Forest St

Cause of Death, First, (Primary.) Malarial Fever with Delirium

Second, (Immediate.) Asphyxia

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 14th 1878

Thos Condon M. D.
Medical Attendant.

Undertaker, [redacted] Denny

Place of Business, 269 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

EASTERN DISTRICT OCT 14. 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th Oct. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Deuetz

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 47 [redacted] yrs

Place of Death, {Give street and number.} 9/p Hill st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 15th 1878

Undertaker, Mr Trego Jr

Place of Business, 263 Light

H W Webster M.D.
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Oct. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Wilmer Hanna

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* 14 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 6—8—14

Place of Death, {Give street and number.} 20 Davis St

Cause of Death, {First (Primary,) Scarlatina Maligna, Second (Immediate,) Dysentery}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow 4 O'clock

Undertaker, Jacob Muller

Place of Business, No 21 Hanover St

Edwd Talbot M. D.
Medical Attendant

Address 57 N Calvert St
Or St Paul & Franklin Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 199 Hanover St

Cause of Death, {First (Primary,) Burns
Second (Immediate,) Convulsions

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, Oct 14 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Aug. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dwin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 31 E. Front

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem Geo B Reynolds *M. D.*

Date of Burial, Oct 15th 1878 Medical Attendant.

Undertaker, Jas P. Byrne *Address* 45 N. Caroline

Place of Business, Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

28093

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Fredericka Faichock

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 4 *Years,* ~~3~~ *Months,* ~~ ~~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No. E. Cor Ann & Aliceanna St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Oct 14th 1878

Undertaker, Ella Foechlich

Place of Business, 246 Eastern Av

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo - 13 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Welfers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* 4 *Days.*

~~*Color,*~~ *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City - Md

Duration of Residence in the City of Baltimore, about six years

Place of Death, {Give street and number.} 87 Lemon St. near Monroe

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Apnea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 14th October

Undertaker, John P. Paulus

Place of Business, 66 Fred. Ave

C. C. McDowell M. D.
Medical Attendant.

Address 190 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Erni

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 96 Frederick Ave

Cause of Death First, (Primary,) Suicide

Second, (Immediate,) Strychnine

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 15th October

Undertaker, John L. Paulus

Place of Business, 66 Frd. Ave.

Geo. [illegible] Coroner *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leonidas Harris

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 360 Lexington St. Balt.

Cause of Death, First (Primary,) Entering into

Second (Immediate,) Emphysema. Pneumonia

Duration of Last Sickness, 2 weeks I was informed though I was not attending until during the last few hours of his life.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 15th 1878

Jno. C. Harris M. D.
Medical Attendant.

Undertaker, John T. Keener

Place of Business, 416 W. Fayette St *Address* No 360 Lexington St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph O. Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baking Confectioner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 218 Chew St

Cause of Death { First, (Primary,) Pleura Pneumonia
Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground

Date of Burial, Oct 16 1878

Undertaker, Thos J Hughes

Place of Business, 60 E Balto St, *Address,* 1 Broadway & Madison Ave

Wm L Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Keys

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farm Hand & in earlier life

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 148 N Spring St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) [redacted]

Duration of last Sickness, Indefinate - Worse for 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 14th 1878

Undertaker, Theodore J Locke

Place of Business, 56 Jefferson St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13 / 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Warren

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 64 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 83 Mulliken st

Cause of Death, First, (Primary.) pulmonary tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, Oct 13 1878

P. G. Dausch M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 68 Fremont

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irwin Carter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 150 George st.

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Fredrick co

Date of Burial, Oct 15

Undertaker, C H Piggott

Place of Business, 201 Pen

Geo C Ogle M. D.
Coroner,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1198

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Hoffmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 4 *Months,* —— *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Locksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 59 German St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Haemoptheysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct. 15th 1878

Undertaker, Jno Tyrell

Place of Business, 616 W Balto St

D. Wm Walls M. D.

Medical Attendant.

Address 18 So Eutaw St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ward Henry Personnette

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 6 Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, {Give street and number} 91 E. Pratt

Cause of Death, {First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Butchers Cemetery

Date of Burial, Oct 15

Undertaker, J B Cook

Place of Business, 707 W Pratt

A L Flint M. D.
Medical Attendant.

Address, 917 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1878

CERTIFICATE OF DEATH.

Date of Death, October 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hilbert

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty nine *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Constable

Occupation, City

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 N. Eden St

Cause of Death, First (Primary) Suicide (Morphia Poisoning

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 15

Undertaker, J B Cook

Place of Business, 707 West Baltimore

D. E. Island. M.D.
Medical Attendant.

Address, Coroner E. Side.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Daun

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 22 *Years,* 5 *Months,* *Days.*

Color, Col-ta *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. more City

Duration of Residence in the City of Baltimore, 22

Place of Death, {Give street and number.} 162 N. Eden St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery G. Lichtmann M. D.

Date of Burial, Oct. 16 " 1878 223 W. Lombard Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 North Gay. *Address* " "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Scott

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis of Spinal Cord

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ex P. Cemetery

Date of Burial, October 14

Undertaker, Patrick Mullin

Place of Business,

J. H. Sims M.D.
Medical Attendant.

Address, Ex Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Dorsy.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Washwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} # 144 Central Avenue,

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemmetry

Date of Burial, Oct, 15th 1878

Undertaker, Abraham Hayman

Place of Business, 30 Saratoga

Wilmer Brinton. M.D.
Medical Attendant.

Address, 25½ Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Greine Yang

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} No 9 S Green St

Cause of Death, {First (Primary,) Tuberculosis

Second (Immediate.)

Duration of Last Sickness, abt. 8 mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 15 1878

{*Undertaker,* Charles F Hench

Place of Business, 170 Shar[illegible] Street

Geo S Kennemon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

Date of Death, Oct 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linnie L. Toner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 288 Saratoga St

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 23 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 15 1878

Undertaker, Mathews Bartgis

Place of Business, 230 Mulberry St.

F. D. Booker *M. D.*
Medical Attendant.

Address 152 N Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Joseph Robb.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 277 Franklin St

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Greenmount Cemetery

Date of Burial, Oct 16 1878

Undertaker, Mathews Cadogan

Place of Business, 230 Mulberry St

John L Pennington M. D.
Medical Attendant.

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Oct 13 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Manuel Flores

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 17 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Brazil

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number } W. S. Bethel St Alley, Peninsula

Cause of Death, First, (Primary.) ____

Second, (Immediate,) ____

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Oct 15th 1878

James E. Duncan M. D.
Medical Attendant.

~~Undertaker~~, Geo Fisher

Place of Business, 149 S. Bethel St *Address,* 292 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Tarleton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 219 E. Fayette St

Cause of Death First, (Primary,) Cynanche

Second, (Immediate,) Convulsions

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct. 16. 1878.

Undertaker, D. Kassina

Place of Business, 9 E. Orleans St.

J J Gurs *M. D.*
Medical Attendant.

Address, 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Vonnaicker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia Austria

Duration of Residence in the City of Baltimore, 10 yrs 3 Mos

Place of Death, {Give street and number.} 2 Prospect Lane

Cause of Death, {First (Primary,) Aortic Regurgatation

Second (Immediate,) Non Aeration of blood

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 16th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay

E George Walls M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28113,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED OCT 15 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eleonore Jaeger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 1 *Months,* 1 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Carlton Street Nr 4

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran, Druhill

Date of Burial, Oct. 15th " 1878

Undertaker, Adam Waidemeyer

Place of Business, 578 W. Baltimore Str.

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Cherry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Zero — *Years,* — *Months,* — *Days.*

Color, Ber *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, 2yrs —

Place of Death, {Give street and number.} 22. Sayders Court

Cause of Death, {First (Primary,) Burns —
Second (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Loyd Lane

Date of Burial, Oct 16th 1898

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St

5. C. Island. M. D.
Medical Attendant.

Address Coroner C. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 4 Donnelly Court

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 9 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Oct 15th 1878

{*Undertaker,* Wm. J. Dungle

Place of Business, No 62 East st

Silas H. Hunter M. D.
Medical Attendant.

Address 97 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... is respectfully invited to the ... on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Finny

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *~~Days~~.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boat Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number} 91 Parkin St.

Cause of Death, {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lee

Date of Burial, Oct 16th

D. L. Price *M. D.*
Medical Attendant.

Undertaker, J. J. Mackey

Place of Business, 150 Camden *Address,* 379 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Gray

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 Elbow Lane

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Asphyxia}

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 15. 1878

Undertaker, S. W. Chase

Place of Business, 8 Howard st

Van T. Gannell M.D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...his Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Wolfram

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 177 S. Eden St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, W. Alfonsus

Date of Burial, Octobr 16th

Undertaker, W. Frank

Place of Business, No 35 Bank

Abram P. Smoot M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY F

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months* about 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the ~~City of Baltimore~~, Institution 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 16. 1878

Undertaker, Saml Bowser

Place of Business, 156 Division St

Mabury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...or this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 October 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Cole

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Sudden Spasm 2 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial,

Undertaker, Saml Bowser

Place of Business,

Harbury Brewer M. D.
Medical Attendant.

Address, 68 N Caroll St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 3 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 2 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 16th

Undertaker, Saml Bowser

Place of Business,

Marbury Bowen M. D.
Medical Attendant.

Address, 68 McCulloh Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07ER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

Date of Death, October 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance May Bowers

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, two *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 718 West Pratt Street

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} 718 West Pratt St

Cause of Death {First, (Primary,) Capillary Bronchitis

{Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery — E. L. Chevallier *M. D.*

Date of Burial, Oct 16th 1878 — Medical Attendant.

Undertaker, F. A. Kerchner — Post Mortem

Place of Business, 52 S. Conkling St — *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Starzell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Living Stable Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 116 Paca Corner

Cause of Death, {First, (Primary.) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 16th 1878

Undertaker, Hesselbrough

Place of Business, 319½ Lemmon Ave

G. H. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna M. Mordhurst

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 54 Fairmount Ave

Cause of Death { First, (Primary,) Scarlet Fever, I saw this Child on 12th inst in Consultation with Dr Grant Attending of Balt Co, who requests me to give the Certificate

, { Second, (Immediate,)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 16

{ *Undertaker,* Hughes & Co

{ *Place of Business,* 65 S Broadway

John F. Lehmann M. D.
Medical Attendant.

Address, S. W. Calvert & Redwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th day of October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelina Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 9 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 207 Calhoun st

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md D. P. Hoffman M. D.

Medical Attendant.

Date of Burial, Oct 17th 1878

Undertaker, Haughey & Co

Place of Business, 65 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marlin Kelly

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 308 S Eutaw st

Cause of Death, {First (Primary,)} Trismus Nascentium

{Second (Immediate,)} .....

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 16 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

H W Webster M.D.
Medical Attendant.

Address. 57 Bunn

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Donohue

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 2 Saint Paul

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Phthisis Pul

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Oct 16th 1878

Undertaker, Father James Donohue

Place of Business, Elgin St.

Address, ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Morris Dickerman.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, Blk *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # 4 Welch alley.

Cause of Death, First (Primary,) Marasmus.
Second (Immediate,)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 16th 78

Undertaker, L. Davis

Place of Business, 113 Lee St.

J. G. Wedeburn M. D.
Medical Attendant.

Address Forth & Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John N Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 34 — Months, 3 — Days. 9

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tobaconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 34 Years 3 mos 9 dys

Place of Death, {Give street and number.} 181 Dolphin St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,)

Duration of Last Sickness, 9 Years

All the above information should be furnished by the Physician.

Place of Burial, All Saints

Date of Burial, Oct 16th

G F Adams M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, Penna Ave & Dolphin St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Patton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 Years, Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} on the Potomac

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 N. Caroline st

Cause of Death, First (Primary,) Senile Dementia & Paralysis

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 month & days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 17th

Undertaker, Sty & Bro

Place of Business, Cor Fayette & Broadway

Wm H. Hall M. D.
Medical Attendant.

Address 31 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elija Robinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 155 Fremont St. (North)

Cause of Death, First (Primary,)

Second (Immediate,) Organic Disease Heart

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't J. G. Keller M. D.

Medical Attendant.

Date of Burial, Oct 17th 1878

Undertaker, John F Andrews

Place of Business, 1064 Druid Hill Ave *Address* 84 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 16 1878

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephriam F. Laupheimer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 S. Carrollton Ave.

Cause of Death, {First (Primary,) Bendomembranous Croup.

{Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Ohab Shalom Cem.

Date of Burial, Oct 17th 1878

{Undertaker, Wm J. Tickner

{Place of Business, 465 E. Eutaw st

Jno F. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

28133

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28133.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 16 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kirchner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} #305 N. Dallas St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Oct. 17 1878, Jos. A. Hartman M. D.

Medical Attendant.

Undertaker, Henry Hook

Place of Business, 304 Eastend Ave *Address,* #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo. 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna A. Swann

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 1 yr 9 mos

Place of Death, {Give street and number.} 256 Cross St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Octo 16 th

Undertaker, Henry Bride

Place of Business, Henrietta St 81

R. E. Lee M. D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15/78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Wenzel.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 58 *Years,* 9 *Months,* 3 *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Tanner.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria, Germany.

Duration of Residence in the City of Baltimore, About thirty six years.

Place of Death, {Give street and number.} 242 Franklin St.

Cause of Death, First (Primary,) Bronchorrhoea,

Second (Immediate,) Do.

Duration of Last Sickness, Eight weeks very sick,

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Oct. 18. 1878

Undertaker, Phil. J. Dull

Place of Business, 183 Columbia Ave

H. R. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

Date of Death, October 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Patterson Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Springfield. Carroll Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 267 N Charles St.

Cause of Death, First (Primary,) Albuminuria of Pregnancy.
Second (Immediate,) Uraemic Coma following Childbirth

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co - Md - Riggin Buckler M. D.

Date of Burial, 17th Oct 1878 Medical Attendant.

Undertaker, H.W. Jenkins & Son *Address* 130 N Charles St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 28137

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Turner

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 178 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 16th 1878

Gordon Gatch M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1873 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin A Root

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 — *Years,* 11 — *Months,* — *Days.*

Color, White *Sex,* " Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, 9" —

Place of Death, {Give street and number.} 144 E Madison Ave

Cause of Death, First (Primary,) "

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 17. 10 Oclock

E A Mean M. D.
Medical Attendant.

Undertaker, George C Rodenmayer *Address* "

Place of Business, 38 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hays Conyers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 8 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Canal al.

Cause of Death, First (Primary,) attended the child about three

Second (Immediate,) weeks since for Capillary Bron.

Duration of Last Sickness, Do not Know what it died of - as was not called in -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo. 16th 1878

Undertaker, Wm H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

S. K. Merrick M. D.

Medical Attendant.

Address 131 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Neu

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 71 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} S. W. Cor. Lancaster & Luzerne Sts

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Oct 17th

Undertaker, Henry Snyder

Place of Business, 252 Eastern Ave. *Address,* 68 S. Broadway

Chas. E. Hand M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Temperance Readle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} paralysis of the brain

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 17th of October

{*Undertaker,* Henry Schultheis / *Place of Business,*}

Jno. Brooke Boyle M.D. Medical Attendant.
per Chas. B. Byl M.D.

Address Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton Richmond Thompson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 105 Fort Avenue

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Inanition

Duration of last Sickness, About Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Oct 17th 1878

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

W. McNeal M. D.
Medical Attendant.

Address, 682 Fulton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Porter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone-Cutter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 340 N- Gay st

Cause of Death, {First (Primary,) Cancer of Mouth
Second (Immediate.) Three years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. S. T. Coyner M. D.
Medical Attendant.

Date of Burial, Oct. 17, 1878

Undertaker, Wm H Hickman *Address* 134 N High

Place of Business, 234 N Gay st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 28144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Tiscombe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Builder (Carpenter)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 6 3 or 6 years.

Place of Death, {Give street and number} * 320 Aisquith St.

Cause of Death, First, (Primary,) Senility / old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct. 17. 1878

Geo. A. Wartman M. D.
Medical Attendant.

Undertaker, Wm H. Heckman

Place of Business, 234 N Gay St *Address,* * 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Louis Collins

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* four (4) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 71 N. Stricker St

Cause of Death { First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Oct 17th 1878

Undertaker, Theodore J. Pock

Place of Business, 78 Jefferson St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursula Bingon.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy Six *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Forty Five years.

Place of Death, {Give street and number} 316 E. Fayette St.

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Consumption.

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 18th 1878

Undertaker, Haughton & Co

Place of Business, 66 S. Broadway

Nicholas R Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Russell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Wholesale Boot & Shoe Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md. U.S.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 261 W Lombard St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 18th 1878

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, Hughes & Lee

Place of Business, 65 S. Broadway *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reinford

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* and 5 hours 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Back of 420 Cross St

Cause of Death, First (Primary,) Premature Labor (7 months child)

Second (Immediate,)

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 17th October

Undertaker, C. T. Krause

Place of Business, Hanover St

James F Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined by Joseph Vansant
Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

Date of Death, October 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown.

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Baltimore City Jail.

Cause of Death, {First (Primary,) Intemperance

Second (Immediate,) 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery L. N. Heick M. D.

Date of Burial, Oct 17 1878 Medical Attendant.

{*Undertaker,* Pat Mullin *Address* 75 E. Baltimore St.

{*Place of Business,* Cambridge St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Kollinger

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 10 *Years,* — *Months,* 21 *Days*

Color, white

~~*Married*~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 195 N. Stricker

Cause of Death, First (Primary,) Meningitis (Tubercular?)

Second (Immediate,) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 18th 1878

Undertaker, Chas L. Sewell

Place of Business, 171 N Eutaw St

Henry Salzer M. D.
Medical Attendant.

Address, 165 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savina Ritchel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixty Three *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} # 420 S. Scott St.

Cause of Death, First, (Primary,) Unknown. I saw Mrs M. one week before she died, she then had Intr. Fever. I presume she died of some Heart trouble. Probably Asthenia

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cedar

Date of Burial, Oct 17th 1878

T. P. McCormick M. D.
Medical Attendant.

Undertaker, Stelius & Koelsch

Place of Business, Shop & Coffin Ware Rooms *Address,* 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Stirling

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 131 E. Howard St

Cause of Death First, (Primary,) Cerebro Spinal Meningitis (3 days)

Second, (Immediate,)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 17th 1878

Undertaker, A. L. Lacey

Place of Business, 46 S. Broadway

Geo. W. Green M. D.
Medical Attendant.

Address, 14 & Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

Date of Death, October 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bodenschuk

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 39 Duncan Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 39 Duncan Alley

Cause of Death { First, (Primary,) Spasms
Second, (Immediate,)

Duration of last Sickness, half day

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, Oct 17th 1878

James H Kenard M. D.
Medical Attendant

Undertaker, Jacob Bodenschuk

Place of Business, 39 Duncan Alley *Address,* Comm of Health Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferd. Schneider

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 11 & 166 S. Spring st

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate.) —

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, October 18 78

L C Kuhlenuth M. D.
Medical Attendant.

Undertaker, M. Funk

Place of Business, No 235 Bank Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 12 1878 BALTIMORE

Date of Death, Oct 16 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jabash R Murdock

~~*Sex*~~ *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Illinois

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 312 East Fayette St 312

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 17 1878

{*Undertaker,* James D Byrne

Place of Business, No 63 In Front St

Chas O'Donovan *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Burns

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} of Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 70 Orleans st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Emphysema

Duration of Last Sickness, ab. 3 years

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Oct 17 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St

C Hoffmann M. D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No 87 Bubosunky alley

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Apoplexy

Duration of Last Sickness, Thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 19. 1878

Undertaker, Samuel Wilson

Place of Business, 2 Hillsboro st

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Lisle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4. *Months,* — *Days.*

Color, Negro — *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co — Md —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Stockton Alley

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery 91 A B Sellman M. D.

Medical Attendant.

Date of Burial, Oct 18 1878

{*Undertaker,* Samuel Wilmore Address 149 Caroline Ave

{*Place of Business,* Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio Gracias

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty Five *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Portugal

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} on board of Bark Chinese Wharf Marguinder

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Bowels,

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 17th 1878

Undertaker, Haughton & Co

Place of Business, 658 Broadway

D. C. Boland M. D.
Medical Attendant.

Address, Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Freese

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 6 *Years,* one *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 19 Alice ann st

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Convulsions (Nephritis)

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 18th 1878

Undertaker, Leonhard Kurz

Place of Business, S. Broadway No 278

L. O'Hiternett M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* five *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 703 Lexington st

Cause of Death, First (Primary,) Diphtheria,

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem.

Date of Burial, Oct 18th 1878

Nicholas L'Hastille M. D.
Medical Attendant.

Undertaker, J. B. Blackistone *Address* 207 S. Broadway

Place of Business, 606 Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington County Md

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 38 Jordan Alley

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 18th 1878

Undertaker, Wm. N Dunger

Place of Business, No 10 Stockton Alley

A. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wissich

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 13 Jones' Court

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Natural

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Catholic Church

Date of Burial, Oct 19 1878

Undertaker, F. Keller

Place of Business, 140 Eastern Ave

Edmund R Walker M. D.

~~Medical Attendant.~~

Address Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Dimple

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 38 Guilford's alley

Cause of Death {First, (Primary,)} Malnutrition

{Second, (Immediate,)} Atrophy

Duration of last Sickness, all its Life Delicate

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem'y

Date of Burial, Oct 18th 1878

Undertaker, C. F. Herrold

Place of Business, ———

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

No. 28165

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kelley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Mayo Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} No 3 Fells Road

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) " "

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Oct 18th

Undertaker, M. Clarke

Place of Business, 64 E. Balt St *Address,* 307 Madison Ave

B. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Jones

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 E. Bruce Street

Cause of Death { First, (Primary,) Mal nutrition (Comadose
Second, (Immediate,) Diarrhoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 18 1878

Undertaker, F. A. Kershaw

Place of Business, Comptroller

James H Stewart M. D.
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dicken

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* ~~Days.~~

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 102 Pratt - ward Hospital

Cause of Death {First, (Primary,) Cephalitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th Oct. 1878

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light St

E.R. Miller M. D.
Medical Attendant.

Address, 127 W. Lemmon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel MaGray

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, 75yrs

Place of Death, {Give street and number.} 129 Hanover St

Cause of Death, First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial Lakeville, Dorchester Co Md.

Date of Burial, Oct 20th, 1878

Undertaker, F. N. Troll

Place of Business, 131 Hanover St.

H. W. Webster, M.D.
Medical Attendant.

Address, 57 Burnet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1203

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Earle

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 Years, 3 Months, 6 Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 82 Cross St.

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Acute Meningitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19 Oct. 1878

{*Undertaker,* R. E. Dill

{*Place of Business,* 193 Columbia ave

Louis Chas Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel S. Lakefield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Singer

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 196 Pansy St — Balt Md

Cause of Death, First (Primary,) Intermittent Phthisis

Second (Immediate,) Pleuropneumonia

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 20

Wm F. A Larkin M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St *Address* 782 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Shanahan

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dairy woman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, About 14 year

Place of Death, {Give street and number.} 2 S Carey St

Cause of Death, First (Primary,) Enlargement & Cirrhosis of Liver, with Jaundice

Second (Immediate,) Blood poisoning

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 20th 1878

Undertaker, J B Cook

Place of Business, No 704 W Baltimore Street

J W Reguelin M.D.

Medical Attendant.

Address, 1 N Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Spriggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Married

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex County Virginia

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 191 Chesnut alley

Cause of Death, First (Primary,) Tedious Labour

Second (Immediate,) Nervous Exaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bel ministry

Date of Burial, Oct 18th 1878 J. E. Gibbons *M. D.*

Medical Attendant.

Undertaker, W W madden

Place of Business, 335 St Ponaldson Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Rules ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Geo Wiegand

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grinder of Lapis

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 606 N Bethune St

Cause of Death First, (Primary,) Concussion of Brain caused

Second, (Immediate,) by accidental fall

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, 19 Oct'

Geo C Ohr M. D.
Medical Attendant.

Undertaker, P. Kinnucl

Place of Business, 317 N Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Winter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria (Germany)

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 106 Light St

Cause of Death, First (Primary,) asthma

Second (Immediate,) congestion of the lungs

Duration of Last Sickness, about 5 mths

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 20th

Undertaker, Harry Brieb

Place of Business, Henrietta St 81

H. Ahrens M.D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

Date of Death, Oct. 16/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice Bleume

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 754 N. Durham St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Cholera Infant.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Ev Luth St Matthias

Date of Burial, October 18. 1878

Undertaker, Johan Henrig

Place of Business, 356 Caroline St.

G. Liebmann M. D.

Medical Attendant.

Address 223 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew E Kisling

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fulton City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 500 - E Fremont st

Cause of Death { First, (Primary,) Cebro Spinal Meningitis
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 20th 1878

H D Hurd M. D.
Medical Attendant.

Undertaker, Andrew Leis

Place of Business, 11 Druid Hill Ave *Address,* Camp & Preston sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 17th October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hyde

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194. Conway st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct. 19th/78

Undertaker, Wm J. Tichener

Place of Business, 65 S. Eutaw

J. C. W. Webster M.D.
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementina Gaines

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} between Hadebury Birch alley & Cross St.

Cause of Death {First, (Primary,) Was under treatment for tubercular disease of lungs & bowels

{Second, (Immediate,) at University Dispensary — not seen for several week before death

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Oct 18th 1878

Undertaker, F. A. Kerchner

Place of Business, Carroll bet R. *Address,* Univ of Md

Chas E Sadler M. D.
Medical Attendant.
Disp Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Della Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, Mulatto

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} 26 Wayne Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 Wayne Co

Cause of Death { First, (Primary,) ~~Epilepsy~~ Catarrh Pneumonia
, Second, (Immediate,) 13 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 1878

Undertaker, Wm J Gray

Place of Business, 15 Mulberry St

Geo. H. Bunn M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Sears

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md., Eastern Shore

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number } South West corner of Franklin & Stricker St.

Cause of Death { First, (Primary,) Habit of Taking Chlorel Hydrate, / Second, (Immediate,) Overdose of Chlorel Hydrate,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Octo 19th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Geo. C. Gehr Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

Date of Death, Oct. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ann Binney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26. Bonny St. Balto Co. Canton, (Bennett St)

Cause of Death, {First (Primary.) Pyloria Sore

{Second (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 19th 1878

Undertaker, Hughes & Co

Place of Business, 658 Broadway

E. N. Janney M. D.

Medical Attendant.

Address Baltimore & Paca sts,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED [illegible] Baltimore, Md.

1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 5 Hunter St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Tetanus

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, Oct 19th 1878

Undertaker, [illegible] Burgee

Place of Business, c/o 62 East, st

Edmd R Walker M. D.
Medical Attendant.

Corner [illegible]

Address No Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Granted 1204

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Charles Green October 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Green

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} Blake's Court

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Saturday

Undertaker, Charles White

Place of Business, 35 Granby St

J. J. Gwynn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th Oct. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Bass

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bald. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 706 Light Street

Cause of Death, {First (Primary,) Malarial Fever

{Second (Immediate,) Congestion of Lungs & Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 20 78

Undertaker, Armstrong & Denny

Place of Business, No 266 Fort Ave

Aug. W. Dodge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 8. am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susa D. Gerber

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 39 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number} 47 Gough Str

Cause of Death, First, (Primary,) Hypertrophy of the heart & gall bladder

Second, (Immediate,) perforation of the bladder

Duration of last Sickness, nine months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 18. 1878

Undertaker, Philip J. Dill

Place of Business, 133 Columbia St *Address,* 81 Nord Eutw

John S. Diver *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 18th 1.05 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Frederick Meyer Jr.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ~~Years,~~ *Months,* Sixteen (16) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No. 16 Walker St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 16 Walker St.

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 19th 1898

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Edw. H. Mitchell M.D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28187

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baner. Rudel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* 4 *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number} N. W. Cor. Bank & Caroline Sts.

Cause of Death {First, (Primary.)

{Second, (Immediate,) Congestion of Brain 24 hrs.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansus

Date of Burial, October 21 78

Undertaker, H. Funke

Place of Business, No. 33 Bank

B. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

Date of Death, October 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Holbrook Noel

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 10 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 488 Franklin St.

Cause of Death, First (Primary,) Laryngeal Diphtheritis

Second (Immediate,) Cyanosis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 20th 1878

Undertaker, J B Blackiston

Place of Business, 662 W Balto St

Robert H. Moffitt M.D.
Medical Attendant.

Address, No 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] hours after death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Biddle St near Linden ave

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Heart disease

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Oct 19 1878

Undertaker, John C. Jordan

Place of Business, Park Ave

M. D.
Medical Attendant.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

28189

108 Park Avenue
Baltimore.

HEALTH DEPARTMENT
OCT
19
1878
BALTIMORE

Jas A. Steuart
Health Commissioner

I am requested to give a mortuary Cert: for an old Colrd woman named Mary Brown, whom I saw about 4 months ago - not since.

=Mary Brown - Colrd. age about 80 years. Servant by occupation born in Maryland, =Had disease of Heart when I saw her. Died Oct 18/78

J. McCollom MD

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shirley Dickinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 10 Brannadt

Cause of Death { First, (Primary,) Inflammation of Lungs
Second, (Immediate,)

Duration of last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, C + Hamber

Date of Burial, Oct 21 1878

Undertaker, Weston Emch

Place of Business, 171 Shark St

J. Kane Patterson M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ed Collins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 91 York St between Eutaw & (Howard St

Cause of Death {First, (Primary.) Second, (Immediate.)} Inanition

Duration of last Sickness, all its Life delicate

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Oct 19 '7878

Undertaker, Jacob Davis

Place of Business, 102 Lee St

James A Clemens M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by D. Fitzpatrick

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Hardy (Mother)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 82 Elbow Lane

Cause of Death { First, (Primary,) Second, (Immediate,) Inanition

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem'y

Date of Burial, Oct 19 '1878

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, F. A. Kirchner

Place of Business, Corroll & Av *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. C. TURLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1878 ~~Florence May Dell~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence May Dell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* Vabout three *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 142 N Edmon St

Cause of Death, {First (Primary,) Inflammation of Middle ear

Second (Immediate,) Symptoms of Cerebral Abscess

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 20th 1878

Elias C. Price M. D.
Medical Attendant.

Undertaker, R. Kennedy

Place of Business, No 92 N. Howard

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 28195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Schmidt

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 11 *Years,* 3 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 432 Cross St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 20

Undertaker, F. Pole

Place of Business, 425 Cross Street

I G Wamboldt M.D.

Medical Attendant.

Address, 203 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 IMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Herr

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, — 78 — *Years,* — 2 — *Months,* — — *Days.*

Color, Mulatto

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} No 325 Rucanna St

Cause of Death, First, (Primary,) Disease of the Heart (Mitral Valve)

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Oct. 21st 78

Undertaker, M. Franc

Place of Business, 280 Canton Ave

Thomas R Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Watson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number} 36 Walnut alley

Cause of Death { First, (Primary,) Second, (Immediate,) } Rheumatism of Heart. six days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Pubole Cem'y

Date of Burial, Oct 19th 1878

Geo C Ogle Coroner, M. D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, Carrollton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Mason

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, wht

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 183 Lemid Hill ave

Cause of Death, First (Primary,) Softening of Brain.

Second (Immediate,) .....

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 20

Undertaker, C W Hagan

Place of Business, 201 Pennsa

G Lane Tanyhill M. D.

Medical Attendant.

Address, 129 W Bdale St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th Oct 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Henry Latrobe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 146 N Charles

Cause of Death, First (Primary,) Cerebral Paralysis

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cty.

Date of Burial, 20th of October

Undertaker, Jenkins & Son

Place of Business, 16 Light St.

C B Gamble M. D.

Medical Attendant.

Address 108 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pamelia Sakeom

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 79 Years, 6 Months, — Days.

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County Maryland

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number} No 724 S. Broadway

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 20th 1878

John S. Smith M. D.
Medical Attendant.

Undertaker, M. A. Daigel

Place of Business, 74 S. Broadway Address, No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sat October 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Feny

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Gortheric Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} Asylum of The Little Sisters of the Poor Cor. John and Valley sts

Cause of Death, {First (Primary,) ..... Second (Immediate,) paralysis

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cimetery

Date of Burial, October 21st 1878

Undertaker, Henry Schultheis

Place of Business, ...

Jno. Brooke Boyle M. D.
Per Chas. B. Boyle M.D.
Medical Attendant.

Address Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gordon

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 16 *Years,* 5 *Months,* *Days*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 16 3/12 yrs

Place of Death, {Give street and number.} 166 Baltimore

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20. 1878

{*Undertaker,* Samuel Wehrs

Place of Business, 3 Howard st

Lewis M. Cashow *M. D.*
Medical Attendant.

Address, 349

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Susan Jackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 133 Eastern Ave

Cause of Death {First, (Primary,) Consumption of Liver
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 21st Oct. 1878

Undertaker, M. F. Daiger

Place of Business, 74 S. Broadway

Geo. W. Brown M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dwire

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 186 S. Madison St.

Cause of Death, First, (Primary,) Entero-intestinal Catarrh

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul County

Date of Burial, Oct 20th

Dan'l M. Bland M. D.
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av. *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Moore

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Color'd *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto, 69 Oxford st

Duration of Residence in the City of Baltimore, One day

Place of Death, { Give street and number. } 69 Oxford st

Cause of Death, { First (Primary,) ——— Second (Immediate,) Convulsions a few hours

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Moors Cemetry

Date of Burial, Oct 20 1878

{ *Undertaker,* John b Jordon *Address* ———
{ *Place of Business,* 63 Park Ave

J. Stinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 28206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lakie M Frey

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 694 Hanover st

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculer Meningitis

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Point of Rocks Md

Date of Burial, October 21st 1878

Sherdon Cole M. D.
Medical Attendant.

Undertaker, John Slacher

Place of Business, Penn & Fayette Sts, *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gerald Emmet O'Mahoney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 72 Pine St.

Cause of Death, First (Primary,) Malignant Diptheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Woods

Date of Burial, Oct 20 1878

Undertaker, Arthur Eadeson

Place of Business, 230 Hanover St

Geo. L. Brantz M. D.
Medical Attendant.

Address 258 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Mitchel,

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 176 Front St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Apnea

Duration of Last Sickness, Few Hrs

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 19 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

L. M. Chambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents, Susan Green, Francis Burns

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 1 *Month,* 19 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 105 W Welcome alley

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Co B, P Cemetery

Date of Burial, 21st October

Undertaker, F. A Kerchner

Place of Business, 30 S. Carrollton Ave, *Address,*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jos. Vansant
Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k Wehrheim

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years* Six *Months,* five *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 76 Frederick ave.

Cause of Death First, (Primary,) "Diptheria"

Second, (Immediate,) Inflammation of brain

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 21st 1878.

Undertaker, D. P. Paulus

Place of Business, 66 Fred'k ave. *Address,*

J. G. Smithson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Jung

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* Six *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~Marasmus~~ No. 9 Bantaloc Street Balto

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, Oct 21 78

James Bosley M. D.
Medical Attendant.

Undertaker, I P Paulus

Place of Business, 66 Fridrich w

Address Cor Hollins & Mount Balto. Md,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Catlin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, {First (Primary,)} Tumor in Abdomen

{Second (Immediate,)} Dropsy

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct 21st 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Chas Jarvett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christie Darr

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* ~~*Days.*~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Row St.

Cause of Death, First (Primary,) Pseudo membranous Croup

Second (Immediate,) asphyxia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus, Sheo. W. Tuckle, *M. D.*

Date of Burial, October 21 78 Medical Attendant.

Undertaker, Mr. Funk, *Address* 128 Park Ave.

Place of Business, 133 Park,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Millerman.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Two Years.

Place of Death, {Give street and number.} 161 Carroll Ave.

Cause of Death, {First (Primary,) Apoplexy,

Second (Immediate,)}

Duration of Last Sickness, Eight Days,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery,

Date of Burial, October 21st 1878

Wm. R. Knapp M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St Address. City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 33 Shuter n

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22 3 Pm

Undertaker, Chas R Bendel

Place of Business, 278 W Pratt

H Wm Le Roy M. D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wharlow

Sex, Male ~~or Female~~. {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} Cor. Gay & Oliver sts.

Cause of Death, First (Primary,) Catarrhal Bronchitis.

Second (Immediate,) Dysentery.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 21st 1878

Undertaker, Adam Fink

Place of Business, 161 North Gay.

W. F. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Smith

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} S E Cor of Emory & Caroline Sts.

Cause of Death, First (Primary,) Typhoid Pneumonia.

Second (Immediate,) Cerebral Congestion,

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 21st

Undertaker, S. Seimbach

Place of Business, 389 W Pratt St

Wm. J. Kuhn M.D.
" " Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Anchors

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 59 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll Co. Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 549 W Fayette St Cor Gilmore

Cause of Death, First (Primary,) Enlarged Colitis, long continued use of Opium

Second (Immediate,) Prostration super and debility superinduced by

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Eldridge Landing

Date of Burial; Oct 20th 1878

Undertaker, J B Cook

Place of Business, 707 W Baltimore

W H Keyser M.D.

Medical Attendant

Address 1 W C Fayette & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20 - 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Appler.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 507 W. Franklin St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 22nd 1878

Undertaker, Hughes Bro & Co

Place of Business, 550 W Fayette St. *Address* 76 Edmondson Ave

John H. King *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Moore

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 E Eager St

Cause of Death, First (Primary,) .....

Second (Immediate,) Teething

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct. 21st 1878

Undertaker, H. Weidefeld

Place of Business, Greenmount Ave

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie P. Jeffers

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* 9 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ~~Hartstatt Av.~~

Place of Death, {Give street and number.} Marshall Av.

Cause of Death, First (Primary,) Anaemia

Second (Immediate,) Malarial Fever

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Sanding

Date of Burial, Oct 21 " 1878

Undertaker, Jos H. Loane

Place of Business, 508 N. Balt

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Chambers

Sex, Male or Female; {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 377 Bambury St

Cause of Death, First (Primary,) Organic Dis of Heart

Second (Immediate,)

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Jno R Duncan M. D.

Date of Burial, October 21st 1898 Medical Attendant.

Undertaker, John J Hanchett

Place of Business, 156 Camden *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty two Years, — Months, — Days.

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Paper Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 180 Gough St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,) (Suicide by hanging.)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 22nd 1878

D. C. Inland M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address, Coroner & Sick.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 29 years in U S

Duration of Residence in the City of Baltimore, non-resident

Place of Death, {Give street and number.} Head of Long Dock

Cause of Death, First (Primary,) Accident

Second (Immediate,) Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, October 20

Undertaker, Patrick Mullin

Place of Business,

Edmund R Walker *M. D.*

Medical Attendant

Address Coroners P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ysician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight urs after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ate of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Groger

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Seventy Seven *Years,* Seven *Months,* Twenty *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Five Years

Place of Death, {Give street and number} No. 384 Eastern Ave

Cause of Death {First, (Primary,) Heart Disease
Second, (Immediate,) Dropsy

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, October 22nd/78

Wm H Clark M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roth

~~Sex~~, *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, 51 *Years,* 3 *Months,* 12 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 190 S. Hanover St.

Cause of Death, {First (Primary,) Pleuro-Pneumonia dextra

Second (Immediate,) Suffocation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, Oct 21st

{*Undertaker,* H. C. Froehlich

{*Place of Business,* 246 Eastern Av.

J. Mathues, M.D.
Medical Attendant.

Address, 241 S. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John le Orem

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 26 Burns st

Cause of Death First, (Primary,) caries of Vertebra

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 22 1878

J. H. Carney *M. D.*
Medical Attendant.

Undertaker, Jos. F. Loane

Place of Business, Balto St *Address,* 76 Main st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, ~~One~~ *Years,* *Months,* Three *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 127 N. Eden Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 127 North Eden Street

Cause of Death, First, (Primary,) Loss of blood

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Friendship Hospital

Date of Burial, Oct 22d 78

Undertaker, Guy & Dye

Place of Business, 57 N Broadway

Hilton A Taylor *M. D.*
Medical Attendant.

Address, Broadway & E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Hewlet

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, thirteen *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuale

Place of Death, {Give street and number.} No 8 China Street

Cause of Death, First (Primary,) Abscess of the Cerebrum

Second (Immediate,) Paralysis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Oct 22 1878

Undertaker, H Lehnase

Place of Business, Howard St

L L Dyer *M. D.*
Medical Attendant.

Address, 144 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, oct. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Blum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 30 years

Duration of Residence in the City of Baltimore, 40 1 Lexington St

Place of Death, {Give street and number.}

Cause of Death, {First (Primary.) Hemorrhage of lungs one week

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oh. Shalom Cemetery

Date of Burial, Octbr 21 st 78

Undertaker, Wm Elsner

Place of Business, 101 Gough st

Julius Lewin, M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes C. Wiechnell

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 6 *Years,* *Months,* *Days.*

Color, W. *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 187 E. Lombard St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 22nd 1878

Undertaker, Hughes & Co

Place of Business, 650 S. Broadway *Address* Eastern Dispensary

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* 5 *Months,* 24 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No 232 S Durham St

Cause of Death, First, (Primary,) Tuberculous Consumption

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Co

Date of Burial, Oct 23

Undertaker, Thos J Locke

Place of Business, 130 Jefferson St

Wm E Russell *M. D.*
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 64 N. Gilmor St.

Cause of Death, First (Primary,)

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Oct 22d

Undertaker, H C Weidefeld

Place of Business, 90 Greenmount Ave

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1878 11 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Matthews

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 15 *Months,* 11 *Days.*

Color, Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 43 Dallas St Balto City

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number } 113 Mulligan St Balto City

Cause of Death, { First, (Primary,) Bronchitis Capillary
Second, (Immediate,) 4th Pul

Duration of last Sickness, Five Months (3) month

All the above information should be furnished by the Physician.

Place of [redacted] East st

Date of Burial, October 21st

Undertaker, Abraham Haymann

Place of Business, 30 Saratoga

N. G. Keirle M. D.
Medical Attendant.

Address, Balto Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Lamm

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ~~~ *Years,* Two *Months,* ~~~ *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 47 Eastern avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Strangulation

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, Oct. 22 '78

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway

Albert B. Lamm M. D.
Medical Attendant.

Address, 375 E. Baltimore St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trumen 1208

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Daily

Sex, Male or Female, {cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 61 Union st

Cause of Death { First, (Primary.) / Second, (Immediate,) } Old Age

Duration of last Sickness, infirm for several years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Wednesday 23 d inst

Undertaker, Jno. Saffran

Place of Business, 12 Penna Ave

Geo C Opie Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bohr

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 72 Camden St

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Apoplexie

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *Dr F Reinhard* M. D.

Date of Burial, 23rd of Octr 1878. Medical Attendant.

Undertaker, P. Bewald *Address* 224 W Fayette St

Place of Business, 35 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Hurley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westmeath Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} Hanover Co. 1

Cause of Death {First, (Primary,) Syphilis

Second, (Immediate,) Hemiplegia

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Oct 23 1878

Undertaker, B. Hale

Place of Business, Light St

Address,

Dr Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1409

No. 28239

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma ~~Mary~~ Matilda Summey.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67. *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all her Natural life

Place of Death, {Give street and number} 134 S. Maddison St.

Cause of Death, First, (Primary,) Senile Pneumonia 2 Yrs & 8 M. per certificate by Chronic Complaint

Second, (Immediate,) Senile Marasmus

Duration of last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. D. Dunn M. D.

Date of Burial, Oct 22, 1878 Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address,* 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October Twenty second, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Stewart Hacklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ann Arundel County

Duration of Residence in the City of Baltimore, about two years

Place of Death, {Give street and number.} 97 S. Poppleton St.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Annarundel Co Samuel H. Henry M. D.
Medical Attendant.

Date of Burial, Oct 23

Undertaker, J B Cook *Address* 198 Druid Hill Ave

Place of Business, 707 West Watkins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Heinrich Kreuder

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 11 *Months,* 20 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Myrtle av. & Pine

Cause of Death, First (Primary,) Dyptheria

Second (Immediate,) Croup

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 22nd

Undertaker, Heathcote Cadogan

Place of Business, 230 Hanover St

Louis L. Kerr M. D.

Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 20, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Vandeman Cox

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, {First (Primary,) Ovariotomy
Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Leesburgh Va

Date of Burial,

W. T. Bowan M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front *Address* 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1207

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Simon Peters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-2 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Masonic Temple Rear 17 Clover Alley

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Valvular disease of heart

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Oct 23rd

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga

Edmund R Walker *M. D.*
Medical Attendant.

Address Coroner no 8

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Jones

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, Col'd

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 46 Cooper's Alley

Cause of Death, {First (Primary,)

{Second (Immediate,)} Consumption two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22nd 78

Undertaker, Abraham Wyman

Place of Business, 1618 Broadway

H Brune M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Seifert.

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 57 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Mason, & Contractor,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany,

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, { Give street and number. } Washington Road, Mod City Limits.

Cause of Death, { First (Primary.) Bright's Disease of Kidneys, Second (Immediate,) Congestion & Chills,

Duration of Last Sickness, 6 & 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 24th 1878

Undertaker, J B Groh

Place of Business, 11 Balto

John D. A. Shaw M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Russell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Months, Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Mc Mechen St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Phthisis Pulm.

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician

Place of Burial, Old Cathedral

Date of Burial, Oct 23

Undertaker, J E Yarbrough

Place of Business, 319½ Penna Ave

Elial C Price M. D.
Medical Attendant.

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary B. Gatch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 33 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number } 161 S. Broadway

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct. 23. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

_____ *M. D.*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Devine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 101 S. Bethel

Cause of Death, First, (Primary,) Brain Disease of Long Standing

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Oct 22nd 1878

Undertaker, Thomas Fokes

Place of Business, 73 Jefferson St

G. W. [illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Florence Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 354 Ramsay St.

Cause of Death First, (Primary,) Congestion of Lungs & Convulsions

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 23

Undertaker, J B Cook

Place of Business, 707 W Balto

John Duff M. D.
Medical Attendant.

Address, 358 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

Date of Death, Oct 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jos L Bunt

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 2

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 263 Light st

Cause of Death, {First (Primary,) Unknown

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 22 1878

{*Undertaker,* Armstrong & Bro

{*Place of Business,* 263 Light St

H. W. Webb M.D.

Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21th October 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Luise Wesel

Sex, ~~Male,~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bremen, Germany 17 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Ann Street 122

Cause of Death, First (Primary,) Pericarditis rheumatica

Second (Immediate,) Hydropericardium (Hydrothorax)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrij Cemtij.

Date of Burial, October 23th

Undertaker, H Bein.

Place of Business, 252 Aliso Annal

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas A Dickinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester Va

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 590 Lexington

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, — 18 Mos

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, Oct 25th 1878.

Undertaker, Humphreys

Place of Business,

D. Wm Wells M. D.

Medical Attendant.

Address 180 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis 1210

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Skeeler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty Years, Five Months, ( ) Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Stove & Hollow ware founder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester Co Penna

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 345 East Pratt st

Phthisis Pulmonalis

Cause of Death { First, (Primary.) / Second, (Immediate.)

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, October 23. 1878

Thomas Shearer M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 E. Broadway Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Richardson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* June *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 41½ S. Paca Street

Cause of Death First, (Primary.) Scarlatina

Second, (Immediate.) Convulsions

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, R. Peters Cemetery

Date of Burial. Oct 24

Chas. G. Tebb M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, 317 Mulberry st *Address,* 306 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, one or two

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 23 October 1878

Undertaker, John C. Grieb

Place of Business, 28 Eutaw court

J. L. Sowell

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

No. 2

Board of Health, City of Baltimore,

Permit No. 28256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Gibson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, fifty three *Years,* four *Months,* 11 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No 314 Montgomery Street

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23 1878

Undertaker, I W Chase

Place of Business, 3 Howard St

Address, 14 Hillen

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-eight hours after the death to the [illegible] or other persons supintending the burial, a Certificate, stating, as near as the same can be ascertained, the [illegible] condition (whether married, single, widow or widower), the cause and date of death, [illegible] of illegitimate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 62 Mason Ave

Cause of Death, {First (Primary.) Tubercular Meningitis / Second (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28 1878

Undertaker, W Wehrle

Place of Business, 61 Edward St

Ald Van Bibber M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Comfort Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 38 Months, Days.

Color, Black *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} 207 Preston St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery

Date of Burial, Oct 23, 1878

A Lindsay M. D.
Medical Attendant.

Undertaker, S. W. Gilmore

Place of Business, 8 Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878

CERTIFICATE OF DEATH.

Date of Death, Oct 22. 1878. Hesterann Birthelan

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary Elizabeth~~ Hesterann Barthelow

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} Female

Age, 76 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 66 years

~~*Place of Death,*~~ {Give street and number.} 62 N Popplelon St

Cause of Death, {First (Primary,) Apoplexy (Hemiplegia)

{Second (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 24th

Undertaker, C. H. Blizzard

Place of Business, Lanvale & Penn ave.

Thomas Opie M.D.
Medical Attendant.

Address, 581 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

Date of Death, Oct 22 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Koster

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, W.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 104 Lee St

Cause of Death {First, (Primary.) Old age

Second, (Immediate,)

Duration of last Sickness, indefinite

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 24th 1878

Undertaker, Hughes & Co

Place of Business, 650 W Fayette St *Address,*

S Selleck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Murrey

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 244 Huger st

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 244 Huger st

Cause of Death, {First (Primary,) .....
Second (Immediate,) Disease of Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 23rd 1895

{*Undertaker,* Jacob Davis
Place of Business, 163 Lee St

G I Shultz M. D.
Medical Attendant.

Address 260 South Eutaw st Balt city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 Boston st

Cause of Death First, (Primary.) Pseudo-Pneumonia Croupa

Second, (Immediate,) Sepsis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 24th

Undertaker, M. Salzman

Place of Business, Jay & Fleet st

H. A. Houck M. D.
Medical Attendant.

Address, Corp & Pleasant sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 28263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

Date of Death, October 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Conrad Frenlich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Locksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Emerson

Cause of Death, First (Primary,) Hernia Liver.

Second (Immediate,) Dropsy. (Ascites)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 Oct 3 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Emerson St. *Address* 195 N. Gay St.

C. L. Stein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Coulter

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5-6 Years, ——— Months, ——— Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Pilot

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 436 E. Fayette Street

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Don't Know — was called in Oct 7th 1878

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 24 1878

G. B. Button M. D.
Medical Attendant.

{Undertaker, Thos. S. Hughes

{Place of Business, 60 E. Baltimore St Address, Broadway & Bath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Horiatio Miller [redacted] Barter

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 22 nd *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 116 Mulberry St

Cause of Death, {First (Primary,) Enteric Fever

Second (Immediate,)

Duration of Last Sickness, 4 Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 25 nd 1878

Undertaker, Chas J. Scriven

Place of Business, 271 N. Eutaw St

D. E. Green M.D.
Medical Attendant.

Address, 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT
23
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hartzell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 11 - Baker st

Cause of Death {First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Garden Park

Date of Burial, Oct 24th 1878

Undertaker, Andrew Getz

Place of Business, 113 Druid Hill Ave

H. J. Hunt M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 95 Low St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery.

Date of Burial, Oct. 24th 1878.

D W Cathell M. D.
Medical Attendant.

Undertaker, H. Hofmeier.

Place of Business, 63 N. Eden St. *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

Date of Death, Oct 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 31½ Williams

Cause of Death, {First (Primary,) Gastritis

Second (Immediate,) Convulsions from entrance of the brain

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician

Place of Burial, Anne Arundell

Date of Burial, Oct 23 1878

Undertaker, Arnett & Denny

Place of Business, #26 Light St

R. H. P. Ellis *M. D.*
Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

Date of Death, Oct 22 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Child~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 360 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 10/24 78

Undertaker, C H Blizzard

Place of Business, 201 Penn ave *Address* 84 N Green St

D L Keller *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. OCT 23 1878

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Elizabeth Ely

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Years

Place of Death, { Give street and number } 186 N. Chapel St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 24th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

Chas. D. Bond M. D.
Medical Attendant.

Address, 186 N. Chapel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Meeks

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England Forty Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Eden St

Cause of Death First, (Primary,) Congest Chill

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, In Feble health for several years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 24 1878

Undertaker, J B Hickstead & Son

Place of Business, 606 W Baltimore

I certify that I attended Deceased as Physician

Edward A Stevens M. D.

~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 80 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Hulls Lane

Cause of Death, {First (Primary,) General Debility

Second (Immediate,) Asphyxia

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury E.G. ~~Baltimore~~ Cemetery

Date of Burial, OCT 25 1878

{*Undertaker,* C M Shaw

Place of Business, 34 Howard St

Saml J Belt M.D.
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac R Beam

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster Pa

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 184 N Charles St

Cause of Death, {First (Primary,)} Chronic Disease of Kidneys & Liver

{Second (Immediate,)} Asthenia -

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery Reisterstown Rd

Date of Burial, 25th Oct. 1878

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light st *Address*

Reggie Buchler *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lancaster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ eight Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 E Biddle Str

Cause of Death, {First (Primary.) Tetanus Nascentium

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 2d 1878

Undertaker, John D Lancaster

Place of Business, Chase St

A Aranson M. D.
Medical Attendant.

Address 254 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 28275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

Date of Death, 23rd October 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessie Ella Grafflin

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Texas

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } No 91 Harlem Avenue

Cause of Death, { First, (Primary,) Diphtheria, Second, (Immediate,) .....

Duration of last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 24th 1878

Undertaker, Vaughn & Lee

Place of Business, 650 W Fayette

A. L. Jones M. D.
Medical Attendant.

Address, 530 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

Date of Death, Oct. 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Kate J. Ruppert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Middletown Pa.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 113 Patterson Ave

Cause of Death {First, (Primary,) Subacute Meningitis
Second, (Immediate,) Ventricular effusion

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, York Co Pa.

Date of Burial, Oct 25th 1878

Undertaker, Charles J Speiser

Place of Business, 271 N. Eutaw St *Address,* 138 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Sarah 12/12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Leary (Mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 35 Martin Alley

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Oct. 24th 1878

Undertaker, Pat Murphy

Place of Business, ———

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John F. Coulter Insp'r

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

Date of Death, October 23 / 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin G. Barnes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Paint Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} Cor Conn Ave & Pa, As 27 Ward

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Heart Disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 26th 1878

..... M. D.
Medical Attendant.

Undertaker, Wm Slade

Place of Business, Park & Edgett

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Dorsey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 553 Caroline St

Cause of Death, First (Primary,) Cholera — Infantum

Second (Immediate,) 4 " "

Duration of Last Sickness, —

(Name of information could be furnished by the Physician.)

Place of Burial, Laurel Cem. Thomas Ohio M.D.

Date of Burial, Oct. 24 Medical Attendant.

{*Undertaker,* Fred. S. Tamulty Address, 587 Lexington St.

{*Place of Business,* Cor Pappleton & Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

...cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Heath

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B C

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 31 Neighbor Ave

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1878

Undertaker, Wm. J. Bunger

Place of Business, No 62 East, 8th

Henry Hill M. D.
Medical Attendant.

Address, 19 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 BALTIMORE

Date of Death, Oct. 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} [redacted] Duncan's alley

Cause of Death {First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 24th 1878

Undertaker, Wm. V. Dungee

Place of Business, No 62 East, st *Address,* 137 Calvert

J. G. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Health, City of Baltimore.

Permit No. 28282 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

Date of Death, Oct. 22, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anita Denby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 45 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 25 Carleton St.

Cause of Death, {First (Primary,) Spina Bifida

Second (Immediate,) From Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1878

{*Undertaker,* W. R. Dunger

Place of Business, 10 Stockton, Al

J. W. C. Cuddy, M.D.
Medical Attendant.

Address 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28283,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lua M Leech

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carlisle Clinton Co Pa

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 402 Harford Ave

Cause of Death, { First (Primary,) Croup

{ Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Georgetown, D. C. A. G. Watson *M. D.*

Date of Burial, October 25th 1878 Medical Attendant.

Undertaker, Henry Woods *Address* 443 N. Central Ave

Place of Business, 304 N. Central Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 12/14

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 282844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Doughty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Point

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 132 E. Pratt

Cause of Death, First, (Primary,) Disease of the Brain

Second, (Immediate,) .....

Duration of last Sickness, 2 days Confined to bed two days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Hebron

Date of Burial, October 24 1892

E. Duncan M. D.
Medical Attendant.

Undertaker, W. J. Gill

Place of Business, 66 Pelham St. *Address,* 2126 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE.

Date of Death, Oct. 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Riley

~~*Sex, Male* or *Female,*~~ {Cross out the words not required in this line.}

Age, One *Years,* Six *Months,* *Days*

Color, Colored

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 71 Fayette St (West)

Cause of Death, {First (Primary.) Capillary Bronchitis

Second (Immediate,) Opthalmia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Oct 24th

Undertaker, Abraham Wayman

Place of Business, 13 Bond St

J. H. Chambers M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 28286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Franklin Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* 7 *Months,* 13 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Evaneher st

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Charles Cemetery

Date of Burial, October 25 1878

Undertaker, Wm H Dinkle Jr

Place of Business, 97 Druid Hill Ave *Address* 289 W Fayette St

E Goverdon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hartje

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 6 *Years,* 6 *Months,* 9 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace. {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Hamerts

Cause of Death, {First (Primary,) diphtheritic aphca

{Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, October 25th 1878

{*Undertaker,* John C. Schuh.

{*Place of Business,* 265 Alice ann str.

J Slatter M.D.
Medical Attendant.

Address, 148 S. Milton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 28288

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

Date of Death, Oct. 24 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jane Grehill

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 123 E. Madison St.

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,) .....

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, 25 Oct 2 Oclock

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eutaw St.

H. J. Reynolds M. D.
Medical Attendant.

Address, 116 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Ashley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, F 1 *Years,* 3 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hudson St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Hanover St.

Cause of Death, First (Primary,)

Second (Immediate,) Abscess of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26 1878

J. H. Martin *M. D.*
Medical Attendant.

Undertaker, Blackistone & Son

Place of Business, Balt St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. L. Hayes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 234 Gough St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Ex Laus Tion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 27th 1878

G. G. Davis M. D.
Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 28291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hynes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 79 yrs

Place of Death, {Give street and number.} N. 227 E Balto

Cause of Death, {First (Primary,) ..... Second (Immediate,) Paralysis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 26 Oct.

Undertaker, Chas. D. Bennett *Address* 23 Fremont

Place of Business, 233 E Balto St

J. H. Latimer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~28~~ 28292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th October.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Georg Hornig.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 73. *Years,* — *Months,* — *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Cabinet Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kingdom of Bavaria Germany.

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number.} Register Street Baltimore No 137

Cause of Death, First (Primary,) —

Second (Immediate,) Old Age.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Matheus Cemetery

Date of Burial, October 26 1878

Undertaker, C. Eckhart

Place of Business, 26 Canton ave

Ernst Hamel M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...ial Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

Date of Death, Oct 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Coleman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* ~~Months,~~ 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 12 days

Place of Death, { Give street and number } 29 Scott St.

Cause of Death, { First, (Primary,) Pneumonia
Second, (Immediate,) Two (2) days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Oct 26 1878

Undertaker, C. H. Krause

Place of Business, Hanover St

A. L. Griffin M. D.
Medical Attendant.

Address, 847 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S

Permit No. 28294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 BALTIMORE

Date of Death, Oct 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Granger

~~Sex~~, ~~Widower~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* 4 *Days.*

Color,

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 305 South Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Bilious Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co md

Date of Burial, Oct 26th 1878

Undertaker, Armstrong & Donn

Place of Business, 263 Light st *Address* 17 Wayne av

C. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1215

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kemp

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 ~~Years~~, Years, — Months, 7 Days.

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire Entire

Place of Death, {Give street and number} 684 Light St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 26th 1878

Undertaker, [illegible]

Place of Business, [illegible]

Woodson Cook M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...cial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Frank Biggs

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Conductor B & O R R

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland A A Co

Duration of Residence in the City of Baltimore, a number of years

Place of Death, {Give street and number} 535 W Lombard St

Cause of Death, {First, (Primary,) Consumption
Second, (Immediate,) Diarrhoea

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 27 A. 878

Undertaker, Jno B Cook

Place of Business, 707 W. Baltimore St

H. G. A. Kemp M. D.
Medical Attendant.

Address, 223 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 28297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 25. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frederick Hufnagel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 12 Shakspeare St.

Cause of Death, {First (Primary,) Congestion of Brain. / Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th October 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anna

John H. Reluberger M.D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina D. Kellenberg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 735 Hanover St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26

Theodore Cox M. D.
Medical Attendant.

Undertaker, Henry Brick

Place of Business, Henrietta St 81 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Schumacher

~~Sex,~~ *Male* ~~or Female.~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 206 S. Regester St

Cause of Death, First (Primary,) Scarlatina maligna

Second (Immediate,) Diptheria, Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Oct 26th

Undertaker, H Trocklich

Place of Business, 246 Eastern Av

J Matthews M.D.
Medical Attendant.

Address, 245 S. Regester

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

Date of Death, Oct 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Friedhof

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 88 Hanover

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial; Baltimore Cemetery

Date of Burial, Oct 27th 1878

{*Undertaker,* Thomas Adams

Place of Business, 263 Light St

R. J. B. Ellis *M. D.*
Medical Attendant.

Address 215 Lich

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